

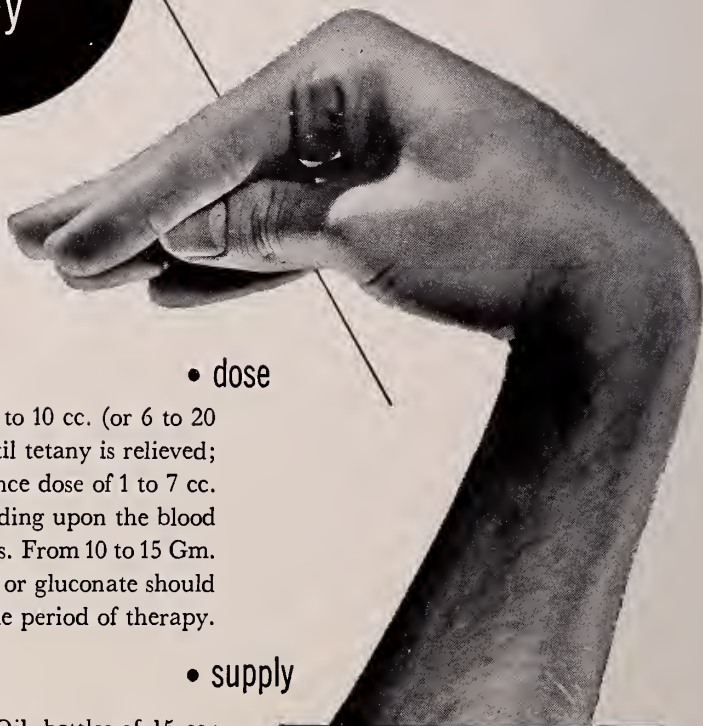
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June, 1955



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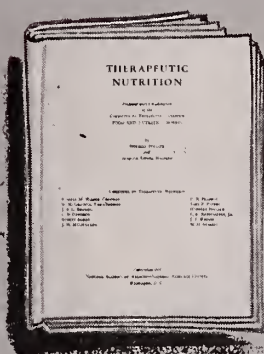
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*Therapeutic Nutrition, Committee on Therapeutic Nutrition, Food and Nutrition Board, Publication 234, National Research Council.

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John P. Merrill, '42, *Editor*; Ernest Craige, '43A, Perry Culver, '41, J. Englebert Dunphy, '33, Joseph Garland, '19, Theodore H. Ingalls, '33, Franz J. Ingelfinger, '36, Lamar Soutter, '35, Richard Warren, '34, *Associate Editors*; Curtis Prout, '41, *Business Manager*; 25 Shattuck Street, Boston 15, Massachusetts.

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This is How

I See It*

JOSEPH GARLAND, '19

Editor, *New England Journal of Medicine*

Regardless of why I was asked to speak here tonight, I suspect that I know the main reason for my having accepted. It is, after all, a human necessity that most of us should blow as audibly as possible on the horn that has been given us; as Paul wrote to the Corinthians, "If the trumpet give an uncertain sound, who shall prepare himself for the battle?"

My shift more than six years ago from active participation in medical practice to the role of an observer has forced upon me the necessity of pondering on some of the problems of medicine and even of wondering what part a general medical journal might play in their elucidation. This obligation amounts to an inherited editorial tradition, for of the 8000 or 9000 medical periodicals currently in circulation, our own, conceived on Boston Common, born on Beacon Hill, and baptized no doubt in the waters of the Back Bay is apparently the second oldest in the world in point of continuous publication. I refer only to the known world, for I have no doubt the Russians can go us one better.

Because of its publication in a great medical center, with the rich nutriment of such a medium on which to forage, our journal has achieved a certain prestige. I say "our" in this group with a sense of shared proprietorship, for most of us are probably members of the Massachusetts Medical Society, which owns the *Journal* and I take it for granted that the rest are subscribers.

Thus, whereas the membership of the Society at the close of 1953 was approximately 6700, the total circulation of the *Journal* was approaching 29,000, over 4500 of this favored group being medical students. This by way of making sure that the trumpet shall not sound uncertain.

The *Journal* under the three titles that it has consecutively borne has been edited by a succession of Boston physicians. Its flowering since it became the property of the Society in 1921 has been due entirely to the devotion and administrative capacity of two men—Walter P. Bowers, who assumed the editorship at that time, and Robert N. Nye, who, in a remote resemblance to Martin Luther, had his fling with the inkpot some years later.

Despite the fact that at the time of the *Journal's* inception medical journalism tended to be intensely practical in nature, our own periodical has always had a strong scientific flavor. True, the leading article in the very first issue of what was then the *Boston Medical and Surgical Journal*, published 126 years ago this month, consisted merely of clinical material, being entitled "Cases of Neuralgia, or Painful Affections of Nerves," by John C. Warren, and was accompanied by another purely practical exposition—"Notes on Japanese Midwifery."

The functions of a general or all-purpose journal, however, should not be purely scientific or purely anything else; they are not to be confused with those of such publications as the *Journal of Clinical Investigation*, the *Journal of Physiological Chemistry*, or even that infant prodigy, the

*Address delivered by Dr. Garland at the mid-winter dinner of the Aesculapiad Club, February 13, 1954.

Journal of Electroencephalography. The functions of a general journal are, indeed, confusing enough in themselves and of such just concern as to have been the subject of discussion at the Hague last September.

At that place and time, in the course of a conference of medical editors, the opinion was tentatively offered that it is still not unseemly for a general journal to publish occasionally the results of original investigation, whether arrived at by the experimental method or merely by the somewhat cruder employment of the powers of observation. In fact, it is around such an unimpeachable core that a journal's functions as a newspaper and as an analyst and catalyst of medical, social and economic relations should be encouraged to develop.

These opinions had, in fact, already been stated in the *British Medical Journal*, whose editor has declared it to be "not a journal for general practitioners or consultants, or public health officers or laboratory workers" but "a journal which aims at representing the best of British medicine in order to promote the medical and allied sciences," trying "to provide each week something for everybody, not everything for somebody."

Here, then, is an inkling of what the functions of a general medical journal should be.

After six years of nibbling at blue pencils, I am less certain about those of an editor. To look out on the passing scene from a groundfloor window of the ivory tower at 8 The Fenway is one thing. To analyze what is passing, to understand it and to publicize the tidings is another matter.

Certain minor functions the editor may call his own. It is said that one of them is to avoid logic, so aptly called "a systematic way of going wrong with confidence." Another is the unrelenting effort to persuade authors that most ideas can be expressed twice as clearly by using half as many words, even if it takes three times as long to do it. For this requires rewriting

and usually re-writing, which is hard and time-consuming labor; but as Thackeray said, "Easy writing makes damned hard reading." Those who are afraid that their fugitive thoughts may not emerge from this ordeal should face the facts; if this seems to have happened the thought was not there in the first place.

In this battle of communication, if the lines are to be kept clear, it is necessary to work incessantly at the conservation of language. Meanings are confused, not cleared, by the piling up of phrases. The struggle against verbosity is unrelenting. Of various forms of wordiness a particular *bête noir* is the edematous title of three, four, or even five lines, which gives a preview of the entire paper to follow. It reminds one of the corner druggist obsessed with the idea of putting his entire stock in trade in the show window.

Another verbal extravagance is authorship by committee, where the names apparently of the whole department follow the redundant title. Since too many cooks are said to spoil the broth, the surprising thing is that so many of these papers are as good as they are, if five to seven authors really wrote them.

Finally, to complete the betrayal of those symbols that we call the alphabet, comes the tedious bibliography dredged title by title, author by author, and journal by journal from all the Quarterly Cumulative Indexes on file. It is paid for, as it is reset, inch by inch and foot by foot, by a journal's publishers, through the nose. It is a pedantic American custom, representing often not so much the author's erudition as his secretary's ability to read.

So far as medicine itself is concerned, it is the eventual delivery of service wherever it is required, regardless of economic and social factors, that is the alpha and omega of the art in all its varied branches. It is the aim of the school, the goal of the laboratory and the purpose for which the hospital was founded. It is the sole reason for our existence. It represents the prime necessity for those good public relations

that the profession needs so sorely and has neglected so badly.

Some dismal periods excepted, medical progress has surged onward like a mounting ground-swell since Homer, smiting his lyre beside the wine-dark sea, sang of the art as practiced by Podalarius and Machaon, the sons of Aesculapius, before the topless towers of Ilium. Their father, our high priest, had made such improvement in its practice that Zeus, on the advice of Pluto, had liquidated him with a thunderbolt. And so it has grown, always with goals toward which to press, despite such delightful lapses into complacency as that of Ambroise Paré—he who dressed the wound that God might heal it—when he wrote in 1575:

"God is my witness . . . that I have laboured more than forty years to throw light on the art of Surgery and bring it to perfection. And in this labour I have striven so hard to attain my end, that the ancients have nought wherein to excel us, save the discovery of first principles: and posterity will not be able to surpass us . . . save by some additions, such as are easily made to things already discovered."

Like other students and like other ministers—for he is both—he whom we like to think of as a physician carries constantly with him that divine discontent so necessary, paradoxically, to his inner contentment. For he is dissatisfied not only with the narrow limits of his knowledge. He is dissatisfied because of that increasing social consciousness that drives him on. He has been impressed with the relatively recent conviction that the benefits of medicine must be extended also to the Forgotten Man. Here, as I see it, lie some of the important reasons for the physician's existence, and for his dissatisfaction.

The determination that the benefits of modern medicine shall have no social and economic boundaries has also brought into focus one of medicine's vexing limitations. This is the excessive and growing cost that constantly defeats the very end toward which it strives. It is not only the cost of the intricate machinery of medicine, to say

nothing of the education for its employment that is responsible for this financial burden; there has been also an inevitable but costly shift in the age groups wherein medical care has become effective.

As Frangçon Roberts wrote from Cambridge University a year or two ago, "a former mass preservation of life in the young has changed to a costly amelioration of disease in the elderly, with the economic problems that such a prolongation of life raises." As an illustration of his thesis one need only compare the per capita cost of saving young and potentially useful lives by Jennerian vaccination with that of merely elongating the days of the elderly by means of the expensive devices that science has put into our hands. Obviously there is no shirking of this geriatric obligation, but still the dollar sign looms up.

Out of the depression and the demands that it created came some of the most promising attempts so far made at solving this economic problem of medical care, short of redistributing the load via federal taxation. These, with the Committee on the Costs of Medical Care marching ahead, were such agencies as Blue Cross and Blue Shield and other more or less successful prepayment plans. When most of them were started or proposed, organized medicine generally dragged its feet or fought them outright, giving the unfortunate impression, false as it was, that the Forgotten Man was not its concern.

During recent administrations voluntary plans kept barely a jump ahead of the hounds of bureaucracy. Proposals for politically administered compulsory so-called health insurance were, of course, an accompaniment of the New Deal, and were vigorously resisted by the embattled physicians. This opposition was noted by the Forgotten Man, now beginning to emerge from his obscurity, who often saw only the apparent benefits in the various government-sponsored offerings, and not their disqualifying features. It made medicine seem to have opposed, in the last twenty years, about every health measure that looked on the surface as if it were to the

benefit of those who might be called the underprivileged.

It was the politically health-conscious Oscar Ewing, however, who maneuvered medicine into such a defensive position in its public relations that it is still trying to come out from behind the eight ball. Nor have repeated assurances from Chicago that the American public has the best medical care in the world been utterly convincing. There are still those who question their participation in the receipt of this care, as well as those who believe that they pay too dearly for it.

The matter of public relations, tied in as it is with the inadequacies of distribution, is the most serious problem that faces us today. Always precarious, due mainly to an age-old conspiracy of silence where medical information is concerned, relations have worsened since the war for a variety of reasons, and the leaders of organized medicine, despite their expressions of good will, can accomplish little without a clearer view of the picture than they seem sometimes to possess, and without adequate support from their own ranks. The voice of Jacob is suspected, despite the hairy hide of Esau.

The reasons for these poor relations may be characterized as our four deadly sins. First, the universal impression exists that many doctors' fees are too high and sometimes grossly so. The injunction "Physician, heal thyself," is believed by many to carry now the added implication "while the going is good." However exaggerated the impression may be, there is a conviction that the text of the injunction must be restored to its original chaste brevity, if relations are to improve. The charges of extensive fee splitting that rent the air in 1953 did not favorably impress those who distinguish between a profession and a trade.

Secondly, there has been much complaint in recent years about poor individual medical service, giving rise to the suspicion that an occasional physician may sometimes be indifferent to the needs of his patients, whether real or imagined. Practices have

been left uncovered, night and holiday service has been neglected, and doctors have at times refused to respond to emergency calls or to have a substitute in readiness. It has been hinted that some of the younger generation have been insufficiently indoctrinated in those self-sacrificing virtues that have in the past been attributed to their profession. Self-interest—the concern of the physician with his own rewards and the conditions under which he labors seems to have become of a too obsessive nature.

Thirdly, our profession, as previously suggested, has always been characterized by a lack of complete candor with its public. This failing is a result partly of the reticence imposed on the doctor by his well-intended but misinterpreted code of ethics, partly of the professional tradition that, regardless of his ignorance on any given occasion, he should never let down his guard. Organized efforts are now being made to correct these errors of communication and to let the public know, through press and radio, a little more of what we believe to be the facts of life.

In this relation it has seemed to me that some of the money-raising campaigns are a little confused in their use of the candid approach. It is hard to believe that one person in seven, presently doomed to die of cancer, will be rescued because of any particular financial contribution to any special fund. And yet the implication has been made. Nor do I see the need for abolishing heart disease altogether, should that be contemplated. Perhaps it would be better merely to postpone the final impact of this mortal stroke. Since physical immortality is not yet in view and all of us must eventually succumb to a corruption of the flesh, should we not strive for more and better heart disease on the principle that nature still abhors a pathological vacuum? I can imagine no more satisfactory relinquishment of this mortal coil than that of a Lord Justice of England who died at ninety-four of a coronary occlusion, having just hooked a salmon.

Finally, there has been—on occasion—

what might be characterized as inept leadership. Our recent experience in conducting a campaign, however successfully, against the threat of state medicine left us with fewer friends than we had when we entered it. Considerable resentment resulted from the methods employed by our professional strategists in achieving this Pyrrhic victory, if, indeed, they were responsible for it, and the questions raised in public regarding the identity of the real leaders of the profession were at times both pertinent and embarrassing.

One was, in fact, reminded of the young recruit in the old days when cavalry was mounted, who was having his first experience with what was euphemistically called equitation. In the accompanying mixup his feet left the stirrups and his mount caught a hoof in one of them. Sensing a reversal of the ordinary relations between man and beast the embryonic trooper exclaimed, "Begorra, if you're going to get on, then I'm going to get off!"

In the ways of science medicine has been incredibly progressive; in its internal reforms and its social relations it can move with the deliberate mass reaction of the elephant, lacking entirely the speed and maneuverability of that animal. Perhaps it has also the elephant's fidelity, its intelligence and its strength in the hard pull; it certainly needs its thick skin.

Organized medicine seems sometimes to build its more stately mansions with the complacency of the fathers of that country church, whose story is so familiar. Having agreed that a new house of worship must be built, they voted that it should be erected on the foundations of the old, out of the timbers of the old, and that the original edifice should be occupied until the new one was completed.

But it has become the fashion to criticize organized medicine, and especially the American Medical Association, from within as well as from without. In this respect we might remember that, except for a few who have accomplished little by withdrawing from the Association, it is composed of you and me and our professional col-

leagues. Furthermore, it is governed and its policies are set by the delegates that we send to it. Perchance "The fault, dear Brutus, is not in our stars, But in ourselves."

Through its various councils and committees it has established principles of conduct and a code of ethics; it has unified standards of education and of hospital service; it has standardized nomenclatures, maintained a cumulative index of the literature and continued the publication of an array of journals; it carries on with quiet industry the analysis and accreditation of drugs, chemicals and physical apparatus; it investigates quack remedies and systems of practice; it publishes a directory of all the licensed physicians in the country, whether or not they are its members. It is making a magnificent effort to support medical education without direct recourse to federal aid. It is conducting studies on industrial health and rural medical service.

When we believe that our leaders have strayed, therefore, we may chide them and try to bring them back to those paths of righteousness with which we are personally so familiar, but we should not repudiate them.

There has been plenty to observe and make note of in the passing years. Advances have been made in the surgery of hearts and brains and lights and livers; removal of the stomach has become a casual maneuver, and fluids have attained the fine balance of a tight-rope walker. The dental arch has acquired permanence through the fluoridation—where permitted—of those eternal springs that slake the thirst of man. The antibiotics and certain hormonal substances have revolutionized our reaction to disease; cigarette smoking has left its impact on cancer of the lung, and vice versa; man's average span of life has been extended from 47 years in 1900 to 68 in 1950; socialized medicine and the means test,—fee for service and free choice of physician have become fighting words; the Commission on the Health Needs of the Nation evoked a trumpet blast from Chicago that sounded almost

like a blast on a trumpet; a controversy rages whether we need more doctors or better ones, or simply better distribution of those we have; a move is on to force security on the doctor whether he wants it or not; reinsurance has become the health cloak that seems to suit the moderate climate of the present administration.

Progress in bringing good medical care nearer to the former Forgotten Man, and in establishing satisfactory public relations in other ways will depend on a unification of efforts. In all of these it is expected that the graduates of our own medical school, representing the concentrated essence of the Harvard process, will play a leading part. The base of the broth is medical education, the essential ingredients of which, always in flux, chronically disturbed, and now critically impoverished, are the selection of the material to be educated, the cost of the process and the quality and quantity of the output.

Particularly provocative was the address at the World Conference on Medical Education last summer of Sir Richard Livingstone, former president of Corpus Christi College, of Oxford. In it he expounded the philosophy of the first rate, and attributed the success of all education to the ability of the educated person to distinguish that which is first rate from that which is not. The ultimate level on which medicine will flourish or will fade will depend on the histologic characteristics of those who practice it and the quality of environment in which the cells of their upper stories have been permitted to develop.

In our own community the position of medicine appears to be almost uniquely favorable for the maintenance of its integrity and for its future development. Here it is taught and practiced in the hub of a medical universe that, with its outstanding facilities, provides a climate conducive to good leadership and to sound public relations.

So far as our own university is concerned, the fact of Harvard's being occasionally under a certain type of fire is almost entirely to its credit. I am, indeed,

more than satisfied to have derived some of my own intellectual nourishment from an institution that, in Mr. Pusey's words, has refused to become a police state—despite its reputed indifference in other ways. Perhaps its patience seems sometimes excessive but I am nevertheless pleased that Harvard has but one word on its shield and persists in the pursuit of the virtue for which that word stands.

For such reasons as these, which have helped to guarantee the eminence of our university, we should all bear in mind certain facts. In our joint and separate actions, we should be truly representative of the best in our profession. We consequently bear considerable responsibility in maintaining on a high level its public relations and those of the School. Even in our unguarded moments when joy reigns unconfined, we still represent, in the eyes of the public, our profession and our School. Perhaps we will all, as the years close in about us, come gradually and sadly to heed the insistent demands of that respectability, decadent as it may be, that comes with full maturity.

In our ranks we have professors and family practitioners—deans, and doubtless dieners, scientists and medical statesmen. Here they are, setting an example for those young men who will follow in their footsteps, providing leadership in their profession, in their communities and to a considerable extent in those international relations in which the language of medicine and of science and of humanitarianism is universally understood.

On the occasion of Harvard's two hundredth anniversary, in 1836, a Jubilee ode was sung, with parts of which some of us are vaguely familiar. Having just looked it up I clearly recall one particular verse that has always inspired me.

"Farewell, be thy destinies onward and bright
To thy children the lesson still give,
With freedom to think, and with patience to
bear,
And for right ever bravely to live."

And on such an exalted level let me close before a retreat becomes necessary.



Furor Fumandi

CURTIS PROUT, '41

Harvard Medical Alumni smoke. Recent literature, both lay and professional, on the subject of carcinoma of the lung, has intensified the interest, not to mention the fanaticism, of doctors and laymen alike concerning tobacco. Should the School take a party line, casting aside the fiction of Harvard Indifference? Ample historical precedent exists; no less a figure than Benjamin Waterhouse, first Hersey Professor of the Theory and Practise of Physick, dedicated a lecture to the Medical students on the subject in 1805,¹ which is in many respects both typical of the literature on smoking, and timely as regards our groping toward a Party Line: "(In 23 years as a Professor,) the inhabitants of the place never appeared so languid, pale, and unhealthy . . . the student awakes in the morning hot, restless, and dissatisfied with himself . . . dresses with languor and fretfulness . . . his mouth is clammy and bitter." This state of affairs Waterhouse

attributed to "intemperance and a rakish life," principally consisting of the "pernicious custom of smoking." He was far wiser than some of our contemporary writers on the subject, however, when he wistfully referred to it as "our beloved Tobacco . . . with what caution should a man proceed in attacking a favorite of the people!" Recognizing the pitfalls of the *argumentum ad hominem*, he perseveres: "Some have said . . . 'Smoking can not be an evil custom, seeing most of the clergy follow it.' I am mortified that such authority can be adduced to oppose our advice."

Waterhouse shared a widespread earlier belief that tobacco was beneficial in chronic lung disease with cough, and felt that smoking was all right for men over the age of 50 because it no longer could "add fuel to the fire" of the youthful spirit. But, "I can hardly believe there was ever a rigidly virtuous man who became a slave to tobacco . . . A physician should never use

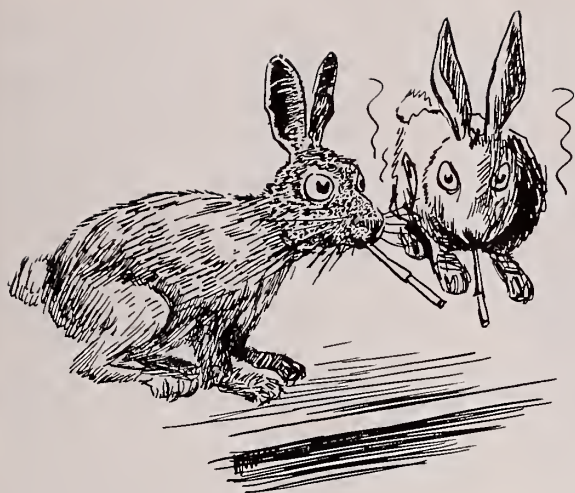
tobacco in any form, as some weak patients will faint at the smell."

To bring the Hersey Professorship's attitude up to date, many will recall the 7th Professor's harsh words on the heavy smoker in his edition of Osler's "Medicine," and on the other hand many recall the 8th Professor, Soma Weiss, as a regular cigarette smoker. The present 9th Hersey Professor does not smoke, denies any attitude which he wishes to see in print, and states only that he has no moral reason for not smoking. In short, we cannot derive a party line which is consistent from the Hersey Chair. In many personal communications with members of the Faculty, this typically Harvard heterogeneity persists throughout all branches, and the author became finally obsessed with the more basic problem, not *should* one smoke, but *why* does one smoke. When that is understood, if ever, the problem of tobacco should become one which if not capable of solution, might at least be discussed rationally. At present, the subject of smoking is a highly charged one; it should by now be clear to the reader that the author's interest is subjective, but how can you stop doing something when you don't know why you do it?

The first step in tracking down the reasons for smoking is in definition, and even there are we frustrated. The dictionaries define "addiction" as "habit." Almost all doctors disagree. Addiction implies more than habit, but can only be described in terms of what happens when you stop. The analysts have an answer, but more of that later. I find that smokers call it a habit, and non-smokers a nasty habit or addiction. Therefore, with confidence in the final arbiter on all matters medical, we turn to the literature.

"The literature on Tobacco is exceeded in quantity only by its inferiority in quality."² This is the most profound statement on the subject I could find in a really extensive three months' search of the literature. Here is the most common habit (or addiction) in the world, and not one single scientific article on it. I am not alone in this opinion—the Chief of the U. S. Addiction Research Center in Lexington, Kentucky, Dr. Isbell, wrote in answer to my despairing request for help that he knows of no good work on the subject, and many chest surgeons, X-ray men, and Psychiatrists, all interested in the subject of smoking, were likewise unaware of any authority on why we smoke.





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In the New York Public Library there is a collection, the monumental labor of a Mr. George Arents, containing more than 4,000 items on tobacco—all of it descriptive, or moralizing, or historical, or otherwise irrelevant to the why's of smoking. The physiology has been exhaustively studied, as in the following example: Jourdan and Collet in Lyons, France,³ put a cannula in the trachea of several rabbits. A cigarette (either an 'Elegant' or a 'Caporal Ordinaire') was attached so that every other breath inhaled the smoke, and the cigarette got smoked in between five and ten minutes. (This forced smoking might be likened to the social forces which impelled each of us to take our first cigarette, although the authors did not so imply.) The rabbits experienced certain well-known and frequently observed vasomotor changes, and they evidently developed some tolerance. But, did these workers tell us if the rabbits liked it? Did they ask for more? No, we are not told. However, the results might not help us, because in their summary, the worthy Frenchmen

admit that the difference between man and rabbit is "ponderable." And so it goes; title after title holds out promise, and never a word about the reasons behind it.

We are forced, therefore, to desert the library and soar into original and untrammelled research. All of this material consists of that old irrefutable reference, "personal communication to the author." In fact, a good deal of it is the investigator talking to himself, a phenomenon not uncommon among people trying to stop smoking. But before leaving the literature for good, let us seek a historical frame of reference.

The first reference to Tobacco Addiction comes from Columbus' "Journal," of Oct. 15, 1495:² "I have seen many Spaniards in the Island of Hispaniola who used them (cigars), and who, when reproached for such a disgusting habit, replied that they found it impossible to give it up. I cannot understand what enjoyment or advantage they derive from it." This concisely states the fact of addiction as well

as it has been done since, (and tees off for a 459-year moral attack which has to date fallen short of its objective).

A doctor, Gilles Everaerts, in Holland in 1659, gives us one of the first medical counter-attacks: "Scholars use it (tobacco) much, and many grave and great men take tobacco to make them more serviceable in their callings." And even earlier, an Englishman, Anthony Chute, said in 1595: "For my selfe in few, I thinke there is nothing that harms a man inwardly from his girdle upward, but may be taken away with a moderate use of tobacco."²

Evidently, even at that early date, there was an impression that tobacco was injurious to the parts "below the girdle," a theme which has recurred throughout the literature, but which has been vehemently denied by the addicts. Example, Sir William Vaughan, in 1613:²

"Tobacco that outlandish weed
Doth spend the brain and spoil the seed,
It dulls the spright, it dimmes the sight,
It robs a woman of her right."

Which, if it clarifies nothing else, betokens a more robust conception of woman's rights in the 17th century than that envisioned in the 19th Amendment to the U. S. Constitution.

To avoid further polemics, as I have indicated, involves departing from the literature, and you can easily see how early you must depart. The following observations therefore have been gathered from persons who must remain anonymous. They do not represent a random sampling—whose friends and colleagues do? In assembling data on why we smoke from smokers and non-addicts, "It is not easy to adopt an unbiased attitude . . . each group may regard the other as prejudiced."⁴ The most nearly objective person might, like Mark Twain, say that giving up smoking was easy, because he had done it hundreds of times.

As addiction seems to be only definable in terms of the withdrawal phenomenon, here is a list of symptoms commonly noted

*Mine are superior.

on stopping smoking (anyone who previously smoked less than a package a day was not asked his opinion):

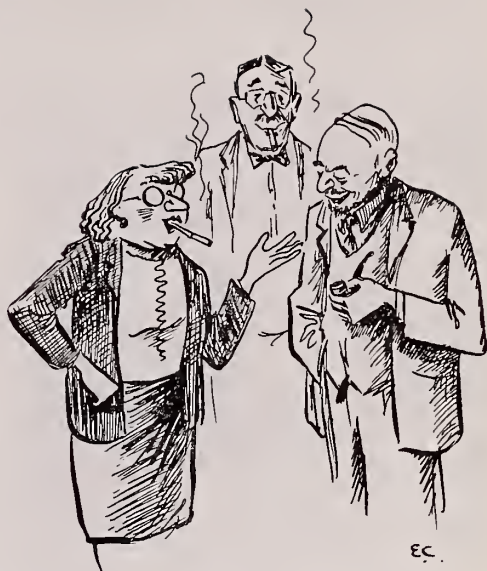
- (1) First, a feeling of exaltation, new purpose, hope, and dedication.
- (2) Development of intense craving, sometimes not necessarily for cigarettes, if large amounts of food handy.
- (3) Feelings of elation, often rapidly alternating with depression.
- (4) Increased libido (origin of complaint about woman's rights?)
- (5) Feelings that everything is a little different—either a sense of unreality, or of great superiority to the still-addicted, or even of not belonging any longer to any group. This is strikingly similar to the formulation of the etiology of alcohol addiction in Simmel's classic psychoanalytic study.⁵
- (6) A feeling of change in attitude toward the loved ones—partly critical, especially if the loved one still smokes, partly due to changes in libido. Finding new positive values in old acquaintances who never did smoke.
- (7) The loved ones of the newly foresworn note in him a wild look in the eye ("please have a cigarette, Daddy"); they can't predict when his euphoria and furiously increased energy will be replaced by irritability. Their perplexity increases the victim's sense of not belonging.
- (8) The desire to puff someone else's cigarette "just to see if it doesn't taste awful." This is shockingly similar to the actions of the alcoholic.

It is clear that smoking is a powerful habit, whose withdrawal produces a distinct symptomatology, not unlike withdrawal from alcohol. The cause of the addiction is almost certainly within the Psyche. But even Psyche's warmest friends and sharpest critics, the psychoanalysts, have not written why we smoke. But ask them, they'll tell you, and their answers make sense, if you understand the terminology. Very briefly, and I know how perilous it is to condense analytic concepts, smoking is a form of regression, as is alcoholism. It is a return to the pleasure of the infant, of putting something in the mouth, if I may simplify and clean up the idea for this family journal. It is

a way of softening the blows of a painful reality. Regression means going backward, and that sounds bad. But after all, by those criteria, eating, loving, and getting angry are primitive and regressive, so don't get upset yet. A confidential but authentic survey of the smoking habits of the analysts themselves was obviously in order, and I give you the results. First of all, Freud smoked (even after he knew why). Of the analysts in the H.M.S. family, most are smokers. A smoking analyst assured me of this. A non-smoking analyst, who was most firm about the regressive character of smoking, admitted that "many" analysts smoke. Finally, it was Anna Freud who said, "It is better to have a socially acceptable regressive trait than one which is socially not acceptable."

This brings us back to H.M.S. and the line it should take about smoking, should it decide to reverse its policy and tell people how to behave. From the discussion, I hope it is clear that smoking is not a constructive habit, and highly unpopular in some quarters concerned either with morals or with lung surgery, but also clear that it is an addiction, hard to break. It is a step back toward infancy, often started by trying to be grown up, but it is evidently the socially accepted outlet for some pretty powerful regressive forces.

My position therefore is that we should stand historically with the first Hersey Professor, and try to admit only non-smokers to the School, forbidding them ever to try a puff. But if there are smokers in the School, as there are among the Alumni, let us by all means encourage them to smoke, plenty; theirs is evidently the socially accepted form of the violence of which we get a glimpse in the with-



drawal. Can we afford to have a group of regressives, free of smoker's cough but gorging themselves on sodas, or even spirituous liquors, striking each other with blunt instruments, and giving free rein to their libidos? I trust the present administration in Building A will see in these observations the answer writ plain.

1. Waterhouse, Benjamin. *Cautions to Young Persons Concerning Health*. Harvard University Press, 1805.

2. Bishop, W. J. *Some Early Literature on Addiction, with Special Reference to Tobacco*. British Journal of Addiction, 46, 49, 1949.

3. Jourdan, F., and Collet, A. *Comptes Rendues des Seances de la Societ  de Biologie de Lyon*. 143:500, 1949.

4. Breslow, L. *California's Health*. 9:1, July 1951.

5. Simmel, E. *Psychoanalytic Quarterly*. 17:6, 1948.

Alumni Day and Class Day



ALUMNI EMERGING FROM BUILDING C AFTER
THE SYMPOSIA

Registration for Alumni Day began at the Medical School early on the morning of Friday, May 28. The Council of the Alumni Association held its meeting at breakfast in Vanderbilt Hall that morning. Following the Council's meeting, the annual meeting of the Alumni Association was called to order in the Amphitheatre of Building C, prior to the beginning of the Alumni Day morning symposia. The President, Dr. Lewis W. Hackett, '12, presided, and the names of the nominees for the offices of President and President-elect were presented to the assembly and voted upon. Conrad Wesselhoeft, '11, of Boston was elected President, and Joseph T. Wearn, '17, of Cleveland was elected President-elect, for the term of one year, 1954-55. Curtis Prout, '41, of Dedham, who has been serving in the capacity of Secretary-Treasurer since taking over the unexpired term of J. Englebert Dunphy, who gave up the post of Secretary in May, 1953, resigned from this position this year. He will complete

his three-year term as Treasurer, which expires with the annual meeting next year, 1955. Arthur Pier, Jr., '39, of Boston, was appointed by the Council as Secretary to fill the unexpired term left vacant by Curtis Prout's resignation.

The Council members whose three-year terms expire this year, F. Sargent Cheever, '36, Francis D. Moore, '39, and Richard H. Sweet, '26, are being replaced by the following: Chester M. Jones, '19, Boston; Fiorindo A. Simeone, '34, Cleveland; and Maxwell Finland, '26, Boston. These men were elected by mail ballot in accordance with the stipulations set forth in the Harvard Medical Alumni Association Constitution.

The Amphitheatre was filled to Standing Room Only for the medical symposia at which William B. Castle, '21, presided as Moderator. He introduced the following:

Dr. Joe V. Meigs spoke on "Endometriosis, Some Observations Philosophical and Otherwise." Dr. Meigs contends that, while the precise cause of this disease is not known, its incidence is far higher in



LEWIS W. HACKETT, '12, PRESIDENT OF THE
ALUMNI ASSOCIATION, 1953-54, AND CONRAD
WESSELHOEFT, '11, PRESIDENT, 1954-55



J. DELLINGER BARNEY, '04, SYLVESTER B. KELLEY, '29, THOMAS H. LANMAN, '16, EUGENE C. EPPINGER, '30, DEAN GEORGE P. BERRY, AND MR. PUSEY

women who have *not* had children early in life. He advocates, "Marry young, have children early, and don't wait until you've bought that new car!"

Dr. Arthur Hertig's title was, "Further Observations on the Human Embryo." In this talk, Dr. Hertig, with the help of excellent slides, presented a lucid description of the development of the human embryo.

Dr. Daniel Funkenstein reported on "Some Myths about Admission to the Medical School." Dr. Funkenstein frankly discussed the policies of the Admissions Committee, exploding several misconceptions regarding necessary requisites for admission. The broadly educated, mature man is the most likely prospect for medical education and for admission to H.M.S.

Dr. Stanley Cobb, in his "Discussion of the Above," said that the medical schools must reorganize their teaching, placing more emphasis on basic principles and less on massive collections of details. Dr.

Cobb expressed his feeling that extreme competition for high grades in mastering these many details wears down some of the students nervously as well as physically.

Dr. Fritz Lipmann, Nobel Prize winner of this year, talked about "Vitamins, Enzymes, and Hormones." According to Dr. Lipmann, these units and systems comprise one of the important reasons why biochemistry has become one of the most important meeting grounds of the biological sciences. He discussed in fascinating detail the important distinctions between vitamins, enzymes, and hormones.

Dr. Elliott P. Joslin, in a delightful address, spoke of "Some Points of View, Both New and Old." Dr. Joslin, himself almost 85 years old, introduced one of his patients as the oldest living diabetic, a Cambridge woman of almost 99. At the present time, 10.3 per cent of diabetic patients live to be 60 years old, and, said Dr. Joslin, with the new opportunities now becoming avail-



ELLIOTT P. JOSLIN, '94, AND
BENJAMIN H. ALTON, '14

able, many patients may soon be completely free of complications.

Dr. C. Sidney Burwell discussed "Principles of the Management of Heart Disease in Pregnant Women." Because of the changes in heart function which develop during pregnancy, and which put a greater burden on the heart, it is necessary to balance this greater strain by slowing down and restricting its total output by certain appropriate limitations in physical activity, and by emphasizing avoidance of emotional stress. The total burden is the decisive factor, and by studying the physiology of heart disease and the physiology of pregnancy, the controllable factors in this total burden on the heart can be more satisfactorily regulated.

Dr. Castle introduced Sylvester B. Kelley, President of the 25th Reunion Class of 1929, who extended sincere greetings to the Faculty and the Alumni.

President Nathan M. Pusey, meeting officially with the Alumni for the first time, expressed his pleasure at having been present to hear the symposia, and exhorted the Medical School graduates to make their power felt "as members of this educated body."

The program was closed by Dr. George P. Berry, Dean of the Faculty of Medicine, who spoke briefly regarding the



MR. PUSEY AND WILLIAM J. COLLINS, '98

School's financial situation and thanked the Alumni for their "help and understanding in what we are trying to do."

Following the symposia, more than 700 Alumni and Faculty gathered in the Quadrangle to partake of luncheon and beer "under the tent." In the afternoon, the sun, which had been lurking behind thin clouds, broke through to shine on the reunion classes.

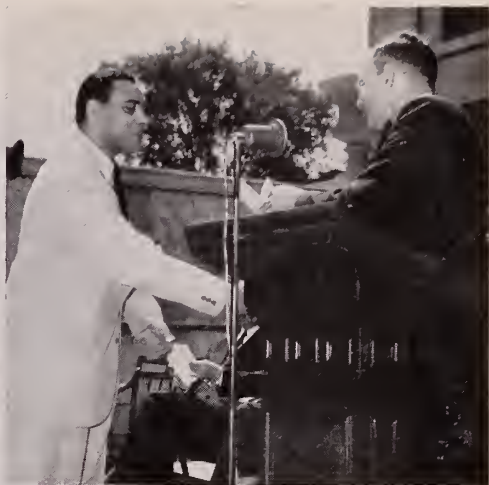
The following morning, May 29, many Alumni returned to the Quadrangle to join with families and friends of the graduating class of 1954 to celebrate Class Day.



MERRILL E. CHAMPION, '06, AND
WALTER A. GRIFFIN, '00



DR. MERRILL SOSMAN DELIVERING
CLASS DAY ADDRESS



OSCAR S. DePRIEST, III, '54, RECEIVES ALUMNI
PRIZE FROM CHARLES BRADLEY, '29

After preliminary remarks by Dr. Roy Greep, Dean of the School of Dental Medicine, and Edward Haley of the graduating class, Miss Marion Dugdale presented the Class History for the Class of 1954. This was the first time in the history of the Medical School that a woman had represented the senior class at the Class Day Exercises.

The Alumni Association Prize, a check for \$200.00, was awarded to Oscar Stanton DePriest, III, of Urbana, Ohio, with the following letter:

Oscar Stanton DePriest, M.D. May 29, 1954
Harvard Medical School
Boston 15, Massachusetts
Dear Doctor DePriest:

The enclosed check and the congratulations and good wishes which go with it symbolize the bond of sympathy and friendship which unites the student body and the alumni of the Harvard Medical School.

You have been chosen for this award, the Harvard Alumni Association Prize for 1954, because your broad interests, steadfastness of purpose, well-balanced personality and general competence promise that you will be a good doctor and place you among those best qualified to foster the student-alumni relationship. In the words of Sir William Osler, you "divide your attentions equally between books and men."

Congratulations and good wishes!

Sincerely yours,

LEWIS W. HACKETT, M.D. *President*
CURTIS PROUT, M.D. *Secretary-Treasurer*

The Class Day Address, "Fashions in Medicine and Medical Education," was given by Dr. Merrill C. Sosman, Professor of Radiology at the Peter Bent Brigham.

Led by Dean Berry, the Class of 1954 recited the Oath of Hippocrates, and subsequently the Dean gave the valediction.

Following the exercises, the assembly again enjoyed luncheon on the lawn.



MARION DUGDALE, '54, DELIVERS
CLASS HISTORY OF 1954



HARVARD MEDICAL SCHOOL
CLASS OF 1904 - 60th REUNION

Reunions

Fiftieth Reunion

The Class of 1904, Harvard Medical School, celebrated the fiftieth anniversary of its graduation on Friday, May 28, 1954.

Ours was one of the last classes to complete its medical education in the old School at the corner of Boylston and Exeter Streets. Dr. John Homans, Secretary of last year's fiftieth Class of 1903, has reviewed so thoroughly the inception of the present splendid Medical School buildings, the difficult but ultimately successful raising of the very large sums of money required, and other important items, that I shall not attempt any further elaboration of this subject. Suffice it to say that the beautiful "new" buildings of the Harvard Medical School were dedicated on September 26, 1906. Unless I am mistaken, the Class of 1907 was the first to begin its medical education in these "new" buildings.

The Class of 1904 was the last class which could enter the School without a college degree—or its equivalent. As a result, boys from the high schools and other preparatory schools who wanted to be doctors and who thought they had sufficient education and intellectual training hopefully entered the School with us. The entering class in the fall of 1900 numbered, I am told, 179. However, it soon became obvious to many that they could not "take it," so that during the next two years or so there was a high intellectual mortality and doubtless many disappointed young men. On the other hand there were several of our class who, in spite of lacking a college education, went through the four-year course without any more difficulty than the others; not only this, but a certain number not only started practice without even an internship (this not being required in our day), but ultimately built up a large and lucrative practice. Some, in fact, achieved distinction along certain lines of clinical investigation. It should

be said that a few of our classmates not only achieved a college education by working their way through the four years; even more praiseworthy, there was a smaller number who also worked their way through the Medical School. As a matter of fact, two of these boys, both of whom I knew well, stood near the top of the class on graduating. Of those who graduated in medicine, 27 were given their degree "Cum Laude."

I was elected President of the class in our third or fourth year—a great honor then, and even a greater one now after the elapse of 50 years. Our class has been unique, I think, in having held a reunion every five years since graduation, complete with cocktails and a dinner, with a brief report of the class in which all available information was given as to each man's professional activities, type of practice, marriage, children, and so forth. This information was obtained only by dint of much urging and correspondence; even so, there were those who have maintained an almost unbroken silence through the years. What a pity that these little reports were not saved.

1904 observed its 15th Reunion at the Brookline Country Club. The beauty of the country, good food, and delicious wine combined to inspire great thoughts. Even I had such a thought, namely that our class should make a substantial gift to the Medical School on our 25th anniversary. God knows why such an idea came to me in the year 1919. At that time the Medical School was in no special financial straits and theoretically did not really need the money. But I was feeling very grateful to the School and its faculty for the fine medical education we received and thought that somehow we should show our appreciation. So on this very night of our 15th Reunion Dinner I threw a bombshell into the party by disclosing my idea. There

were loud cries, some of approval, some of disgust, some to express doubts as to my sanity. But when the dinner was over, a few men seemed to think well of this plan. In the ten years before our 25th Reunion it seemed of course to be very easy to raise the sum of \$10,000, assuming that my classmates would cooperate. The decision as to what our money should be used for would be settled at a later time. With this objective, I appointed Walter Phippen as treasurer and he did a wonderful job. Each year regularly Walter and I wrote to every man in the class asking for a contribution of at least \$5.00 for the fund. Many of the boys gave this amount willingly, and agreed to send more. A few of the wealthier members did give more—in a few instances as much as \$50.00 or even \$100.00. On the other hand certain men did not reply in any way to our annual appeals in spite of in some cases having received from Walter and/or me repeated appeals for a contribution. As I recall it, in the ten years before our 25th Reunion about 80 per cent of the class had contributed. This resulted in our being able to present to the Medical School the sum of \$7,000. This was, of course, very pleasant to contemplate but, being a dogged person, further letters were sent out, not only to those who had already given, but also to those who had not given a cent. These appeals resulted in increasing our gift by an additional \$3,000, so that on our 30th Reunion we were proudly able to complete the class gift of \$10,000. It is hard to express my joy that after ten years of appealing for money, the goal I had in mind was achieved.

But the most difficult problem was yet to be settled—namely, for what purpose this money could be used to best advantage. This matter was discussed among ourselves many times, this often resulting in acrimonious debate. I took up the matter with the then Dean of the School, Dr. David Edsall. He assured me that there was no crying need for more scholarships, but beyond this point he had no constructive ideas. So I took the matter into my

own hands and dictated a deed of gift which stated definitely that the principal sum of \$10,000 should be forever kept intact, but that the interest on this money might be used for such purposes as the Administrative Board should determine. The decision was ultimately accepted by our class after further heated debates, but as time has shown, has resulted very happily. Our money has been used (1) for increases in certain salaries; (2) for assisting certain students in paying part of the rent at Vanderbilt Hall, which they otherwise could not have done; (3) in support of the library at the Medical School. Between 1938 and 1948 the unused income from our fund was capitalized and as of July 1, 1953 (the beginning of the School's current fiscal year) the amount of our fund was \$13,278.75. Every member of the Class of 1904 should be, and I am sure is proud of this achievement. As a matter of fact ours is the first class to have raised such a fund. Dr. Sidney Burwell, since succeeded as Dean by Dr. George P. Berry, and I agreed that after our example, classes following ours, especially at their 10th or 15th Reunions should begin to raise money as did ours to give to the School on their 25th Reunion. To this end, Dr. Burwell and I got ourselves invited to the class reunions as they came along, complete with cocktails and dinner. This afforded us a fine chance to talk to the men in such a way as to arouse their favorable reactions. I have not kept track of the sums which they may have raised.

Now that the entire student body, past and present, has undertaken the raising of money to keep the School on its financial feet and out of the ultimate clutches of Uncle Sam, I am afraid that individual gifts such as ours are no longer possible.

To complete the history of our Class of 1904, we entered as I have already stated with a total of 179 members. Of these a goodly number were unable to keep up with the procession and had to resign. These men together with those who have died have left us with a total of 53 mem-

bers living as of this writing. A total of 20 men, including our guest, Dr. Berry, showed up for dinner. Two or three said they would come but because of physical disabilities or other reasons had to give out at the last minute. One or two others who had refused turned up at the last moment. Those present were: Gerardo Balboni, Dell Barney, Saph Bigelow (from Worcester with Mrs. Bigelow), Arthur Cushing, Laury Cusick, Louis Freedman, Sam Goddard, Fred Good, Loring Grimes, Herbert Johnson, Jim Lewis, Harry Linenthal, Harold Marshall, Fred McVey, Harry Page (who flew on from Portland, Oregon with Mrs. Page), Walter Phippen, Hugo Riemer, Ed Seaver, Bill Traves, Johnny Williams, and Dean Berry.

I had long held the belief that when several men who went through a medical training together and who had not seen or heard from one another for 50 years met at a dinner, it is definitely important that each man should be called upon to stand up to be seen and to tell his classmates a little about himself. Unfortunately, circumstances prevented this idea from being carried out except in a few cases. We all were entertained, interested, and highly amused by Harry Page's account of his very successful professional life in Portland, Oregon. In the early years he had to do much traveling to see patients and go to hospitals on horseback. If and when a heavy snow storm came up so that he could not find the trail or the road home, he had to rely entirely on his horse's natural ability to find the way.

Tom Brennan of Tucson, Arizona, had planned "for years" to come to our 50th Reunion, but was prevented at the last moment by a cardiac attack.

Arthur Cushing of Brookline has been incapacitated for months by cardiac decompensation and definitely did not expect to be with us, but at the very last moment he pluckily decided to take a chance and came to us for about 15 minutes. He took no drinks and had nothing to eat, and then returned to his home. It

was a pleasure and a privilege to be able to put him safely into his car. The next day he told me that this little visit had "made me feel much better."

Harry Linenthal has been incapacitated for months with a "ruptured vertebral disc" (or something similar) and has had a long sojourn in bed after an operation. He did not think that there was a chance that he could be with us, but he did come and sat through the dinner very happily. The next day he told me that he was not set back at all by the exertion involved.

Bill Eaton was on his way from Chicago but wired me on reaching Albany that he had a sudden and severe "virus" attack and could not make it.

Jack Hartwell of Colorado Springs has been badly incapacitated for months with cerebral and/or cardiac troubles. The poor boy writes very courageously but is obviously far from well and altogether pretty wretched.

Bob Brooks, now living with a daughter in Scarsdale, New York, has had serious and progressive eye trouble for a long time and is now (I judge) practically blind, but he managed to write me a letter and is facing his troubles with courage.

Jim Lewis has been laid up for varying lengths of time with varying types of illnesses. I understand that he has had a coronary attack, diabetes, and more recently some type of severe colitis. He is very plucky and in spite of it all managed to get to our dinner, and told me next day that he enjoyed it greatly.

This is all I know about those who have been or are seriously ill. The others are apparently as well as one can expect to be at our time of life after a busy and hard-working professional career.

I wish I could have seen every one of my old classmates whom I have regarded as my very dear friends for so many years.

The Class of 1904 individually and collectively has, in spite of my own very active professional life, together with several serious illnesses and the sorrows that come to most of us, been very close to my heart—even more so as the years go by.

I cannot understand the psychology of those who, in all these years, have not attended a reunion or replied in any way to my appeals for money in the past as well as in recent years. But my appeals for money must continue for reasons which have already been pointed out, there being of course an awareness both on my part and on theirs that we all have less to live on than we had in our more prosperous days.

J. DELLINGER BARNEY, *President*



HAROLD BOWDITCH, ANDREW L. MACMILLAN, JR.,
MICHAEL B. FOX, AND OTTO J. HERMANN, ALL '09

Forty-fifth Reunion

The Class of 1909 had a very happy reunion day. Unfortunately, though, only twelve of the thirty-three living members were on hand but they all seemed hail and hearty; and three are under seventy years of age. Contact with all the other living members had been made, and, except for two, all were heard from, they all writing nice letters which were read at our reunion dinner at the Harvard Club.

We were fortunate in having Dean Berry come and visit us, and he was kind enough to say that he knew all of us and that we were the best. Well, every class knows they are the best! Among those present were Bowditch, Cornish, Crothers, Fox, Greeley, Herman, MacMillan, Macomber,

Noonan, Swain, Young, and Brigham; and all of these men have really done fine work over the years. We of course missed many of our "greats" as Frank Pemberton, Reginald Fitz and others whose names I will not list.

Because there are so few in the class, a new class committee was appointed; and I felt it wise to appoint most of those present as officers, in case during the next few years our members grow fewer and fewer. Thus there will be somebody to carry on, not so much to celebrate a 50th Reunion but to look after the Harvard Alumni Fund which I consider a very important factor in the growth of our Harvard life.

F. GORHAM BRIGHAM, *President*



Fortieth Reunion



1914

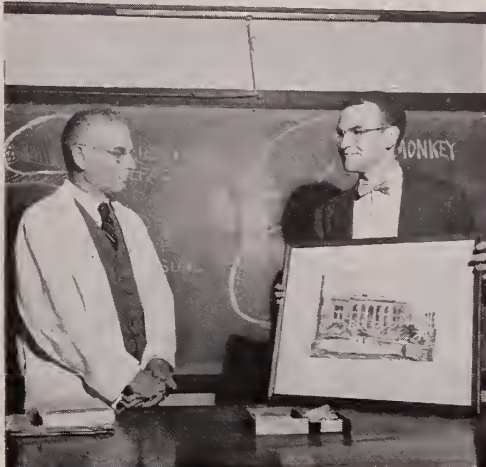
The Harvard Medical School Class of 1914 celebrated its 40th Reunion May 27 and 28, 1954. The reunion was a great success and was enjoyed by all who came to it, including the wives. Despite their enjoyment, however, they took time to think and talk about those who couldn't or wouldn't come, to wish that they had been present and to regret the fact that they couldn't see the absentees. This, then, is a report to those classmates who couldn't come and it is hoped will also act as a stimulus and some encouragement to join us

ten years from now for those who wouldn't come.

The reunion actually started with the collection of the "class lives" which have been published and sent to all of you by the Alumni Association. We made a unique record in that we got class lives from all living members except 8.

The class actually gathered Thursday evening, May 27, at Sam and Mrs. Levine's home. They graciously served supper and fixings, let us roam over their lovely garden and lawn which provided a perfect background for renewing acquaintances.

Next morning, Friday, May 28, Stanley Cobb gave his last lecture before becoming Bullard Professor of Neuropathology—*Emeritus*. This was to the second year class and was on the frontal lobes of the brain. The old amphitheatre in Building D was crowded by a full class attendance and in addition, by Stan's classmates, friends, fellow-workers and associates. He gave a fascinating lecture about a difficult subject and was given an ovation at its close. He thought he was leaving the amphitheatre then, but was halted in mid-air, as it were, by the president of the second-year class, Mr. Peterson, who, in a graceful speech, presented him with an etching of the School. As Stanley started



CHASE N. PETERSON, '56, AND STANLEY COBB, '14
June, 1954

to leave after this he was stopped again, this time to be told by the president of our class, speaking for you all, how proud we were of him, how we admired him, wished him well and finally, how proud we were to be his classmates. Mrs. Cobb was then presented with a corsage of orchids and Stanley with a silver cigarette box, the cover of which was engraved on the outside with the arms of the Medical School and on the inside with an appropriate message, together with a check which he was instructed to use for something foolish. As a final touch Mrs. Cobb and he were photographed in the midst of those classmates that were present. "A good time was had by all."

The Alumni symposium took our attention next. Here Stanley got another standing ovation from *all* graduates and further justified it by interjecting a note of factual good sense into the problem of how to get your son into Harvard Medical School. Other speakers covered a variety of other subjects, the most popular by far both as a personality and in his subject matter being Dr. Elliott P. Joslin.

Lunch, courtesy of the Alumni Association, followed, fortunately in good weather for a change, courtesy of some unknown friend in the right location.

Friday night ended the ceremonies. Mrs. Munro entertained the ladies at her home in Milton with cocktails and a buffet supper, still in good weather. A discussion



JOHN A. P. MILLET, '14, AND JAMES B. AYER, '07

about children, clothes and the good points of the various (absent) husbands served as entertainment for the mind.

The men of the class dined at the Tavern Club. After being seated, the president called for silence and read the list of classmates who had died since the class graduated, ending with the name of Edwin P. Lehman who had died suddenly of a recurrent coronary attack in a Boston hotel the evening before. He had just come with Mrs. Lehman from Charlottesville, Virginia to attend the reunion. There were 27 names in this list.

After dinner and a few impromptu speeches of short order, the business of the class was taken care of. The following permanent class officers were elected. President—Donald Munro; Secretary—W. Richard Ohler; Treasurer—Pierce H. Leavitt; Executive and Reunion Committee: Officers and Samuel A. Levine. The secretary was instructed to write Mrs. Lehman a letter of sympathy relative to Ed's death and to send it and flowers to her at Charlottesville.

There being no further business, the male portion of the class adjourned to meet their respective brides and to get into any trouble from then on strictly on their own. During the process of adjourning, music and assorted noises were furnished by Jack Morrissey and the entire company.

See you in 10 years.

REUNION COMMITTEE



SAMUEL A. LEVINE, FLOYD F. HATCH, WILLIAM J. FAY, AND JOHN F. MORRISSEY, ALL OF '14

Thirty-fifth Reunion



1919

The Class of 1919 celebrated its thirty-fifth reunion in the good taste that has characterized all the activities of the class, with a dinner at The Country Club. The following 26 of the 73 living members were present: W. G. Atwood, V. A. Ayer, C. W. Blackett, J. P. Bowler, J. P. Derby, J. Garland, G. E. Haggart, Eliot Hubbard, Jr., C. H. Jameson, C. M. Jones, F. J. Lynch, A. W. McGarry, W. Mason, J. V. Meigs, N. G. Monroe, E. O. Nay, F. C. Newton, D. G. Nutter, Dwight O'Hara, H. F. Root, K. T. Royal, M. B. Sanders,

D. L. Siscoe, Bruce Snow, L. C. Stein, and E. W. Wilder.

Ed Wilder undoubtedly came the greatest distance to attend the reunion, from Nagpur, India, where he is currently secretary of the Christian Medical Association. Since he happened fortunately to be on sabbatical leave, he really came only from Auburndale. More than half of those in attendance, being local yokels, came from no greater distance, so get no travel allowance. Good humor prevailed and wit was commonplace. JOSEPH GARLAND, *Secretary*



1924



1929

Twenty-fifth Reunion



MRS. ANTONIO M. ORTIZ AND DAUGHTER, ANTONIO M. ORTIZ, '29, OF SANTURCE, PUERTO RICO, MRS. EDWIN L. PRIEN, BENJAMIN S. MCKENDALL, '29, AND EDWIN L. PRIEN, '29

A judicious blend of social, scientific, and business activities made the twenty-fifth reunion of the Class of 1929 a grand success. Sixty-three men and forty-eight wives returned for the occasion. Travel honors go to Noble and Pallette from California; Bradley from Oregon, Teel from Montana; and Tony Ortiz from Puerto Rico.

Having become adjusted to the physical changes in our classmates at registration on Thursday afternoon, we were ready for a delightful dinner at the Brookline Country Club on that evening. Even with Ruby Newman's orchestra, few of us could stand the pace until one a.m.

On Friday morning the papers read in old Amphitheatre C by members of the Harvard Faculty were of great interest. We were told about the early development of a medical student, and the basis of his selection for the Harvard Medical School. The weatherman favored us with a warm dry day for the buffet luncheon in the Medical School Quadrangle.

In the evening we reassembled with our wives at the Harvard Club for a lobster dinner. At the conclusion of the meal the ladies departed for a Pops Concert at Symphony Hall while the men remained at the Club.

Our business meeting was short. Sander-

son told how he had stretched our class fund from \$300 to \$800. Hedberg then discussed our 25th anniversary gift to the Medical School: \$23,000, the largest contribution of this kind ever made to the School. Considering that only 60 per cent of our class participated in the gift, I think Herb has done a superb job. In recognition of his ability, Hedberg was elected permanent chairman of the Class Gift Committee. Other officers elected for five years included Syl Kelley, President, Charlie Bradley, Vice-president, and Paul Sanderson, Secretary-Treasurer.

The balance of the evening was conducted by Bob Goodwin as toastmaster. Humphreys spoke on hospital economics. Ortiz (now Professor of Pediatrics at the new Medical School of Puerto Rico) spoke on island problems; Cochran on Communism in China; and Teel on cattle-raising in Montana. All talks were in a serious mood and well worth while.

To our reunion committee I am very grateful for help of all kinds. This group consisted of Herb Adams, Wes Buddington, Roy Mabrey, and Rad Tanzer. Peter Pratt and his staff at the Alumni Office, and my own secretary also deserve high praise for their tireless efforts in connection with the publication of our class report, and with the correspondence prior to our party.

Hope to see you all in 1959.

SYLVESTER B. KELLEY, *President*



JOSEPH P. EVANS, '29, AND DONALD MUNRO, '14

Twentieth Reunion



1934

The class twenty years out is proud to report that faithful members returned from a territory bounded by Nantucket and California. We congregated on Thursday, May 27, the night before official Alumni Day, at the homes of Reidy and Graham, where cocktails and buffet supper respectively were served. The highest total number of members present was reached at this point in the ceremony, there being 40 class members and 37 wives present and busily engaged in consuming cocktails and lobster newburg. The meeting lasted far into the night and ended in an interesting scientific experiment in which Gene Sullivan's loquaciousness was actually measured in units and an actual value placed upon it. This feat was accomplished by means of keeping Stan Garber's taxi waiting at Graham's front door, with the meter going, while Gene said "good-night" to Stan. This conversation as recorded lasted 45 minutes, cost \$5.65, and was equivalent to a taxi ride from the West Roxbury Veteran's Hospital to the Logan Airport.

On the following morning, a surprising number of classmates turned up at the Alumni Day Exercises and more and more

with their wives filtered in as lunch approached. A class picture was taken, and after a very pleasant meeting and lunch with returnees from others classes, the group set out for Tom Warthin's house in Norwood where interesting outdoor activities including horse-shoes, tennis, softball and even swimming occupied the attention of the more vigorous and persevering members of the class. The ladies, for the most part, sat on the terrace and watched these activities while a rather heavy-handed bartender pursued his trade in the background. We are glad to report



DR. ALTON S. POPE, PROF. ETIENNE BERNARD,
AND KENDALL EMERSON, JR., '33

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that all made the trip to the Dedham Country and Polo Club without mishap, by virtue of carefully mimeographed directions which Tom Warthin had prepared. It is interesting to note that the Class Dinner started only 45 minutes late, which is set down here in the hopes that it may prove to be a record. All members were seated at small tables of 10 in a very friendly atmosphere and an excellent dinner came forth. Jack Reidy was master of ceremonies and after giving a toast to the ladies and asking for a few words about the status of the Class Fund from Rich Warren (which were brief and to the point and encouraging) and having Jack Graham read a prize-winning night letter two and a half pages long from Edgar Scott in Alabama wishing the class success, he introduced J. Englebert Dunphy, the speaker for the evening, who gave an interesting and illustrated lantern slide talk recalling certain previous days at the Medical School and illustrating certain characters who have been familiar to us all. Dr. Dunphy steered a careful course, especially considering the presence of the ladies, and all 57 of the class members and their wives who were present felt that he did a magnificent and refreshing job.

After the speeches were over, a three-



ALBERT EVANS, '01

piece orchestra tuned up, and some people wished they had spent a little longer at it. However, dance music and dancing were both very definitely produced, and it was not until just about midnight that our stalwart class members began to weave their way homeward. All in all, everyone seems to have agreed that this was a very good warmer-upper for the 25th Reunion which we trust will be attended even more vigorously five years hence.

JOHN R. GRAHAM, *Secretary*



THOMAS H. LANMAN, '16, AND
RALPH C. PARKER, JR., '37



LEWIS H. HITZROT, '24, AND
SON JAMES M., III, '54

Fifteenth Reunion



1939

The Class of 1939, celebrating its 15th Reunion, is happy to report that 36 members returned for some or all of the festivities of the day. They came from far and near and each of us congratulated ourselves on the sparcity of gray hair and sparseness of our waistlines.

The morning exercises and luncheon at the Medical School were attended by many and this was a most pleasant occasion for us in seeing each other and many of our friends among the large number of Alumni present for the luncheon.

After some uncertain moments the fickle New England weather finally cleared and as many as possible went out to use the facilities of the Weston Golf Club for an afternoon of sport. This consisted of various forms of exercise including golf, tennis, bowling and elbow bending. At five o'clock we had a cocktail party with our wives who added much to the pleasure of this occasion and the dinner which followed in the Club House. There were 35 members of the class present at dinner, and 27 wives. A delightful evening was had by each of us present and we all felt very much repaid for the opportunity to renew friend-

ships, recall old times, and receive messages from our absent members who could not make the meeting in person.

It seemed the unanimous feeling that this was a pleasant and successful reunion and we are looking forward to having a much larger turnout five years from now on the occasion of our 20th Reunion.

DANIEL S. ELLIS, *Reunion Chairman*



FATHER AND SON—VICTOR G. BALBONI, '39,
AND GERARDO M. BALBONI, '04

Tenth Reunion

The detail of preparation for the second major reunion of the Class of 1944 was of minor import when compared with the challenge of recent New England "wet sunshine" weather. Whether from the exhortation of numbers or by bribe from our non-existent treasury, old man sunshine put in a totally unexpected appearance to plant the final seal of approval on doings.

As you all know, these reunions, although a solid excuse for a get-together of us hereabouts Boston, are really to show the travelers a good time. The award for distance traveled goes to Joe and Nancy Taylor, who not only came all the way from Tampa, Florida, but also arrived two days early. If we are not already impressed, they left six kids at home and arrived in a Jaguar to boot! Ben Johnson was the farthest from his home address, San Francisco, but by dint of naval service had only to come from New London, Conn.

The Wilkins household bulged with a respectable group: Bob and Tib Taylor from Auburn, N.Y., George and Ellie Hemstead from Albany, N.Y., and Hank and Louise Bahnson from Baltimore. I report with the greatest happiness that Wee looked swell and got about splendidly after her autumn bout with polio.

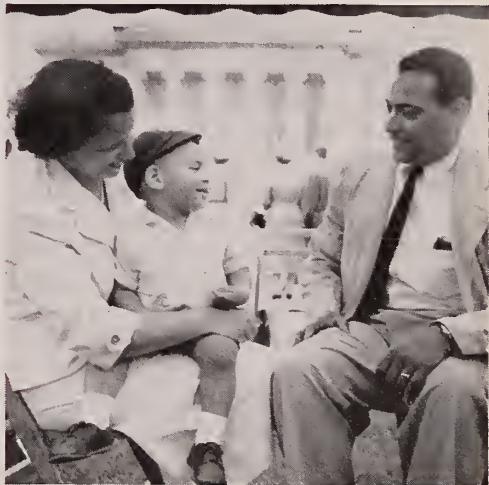
Syracuse, N.Y. and environs walked off with the honor for greatest numbers from a single distant center: Bill and Roberta Faloon, Dick and Marge Greene, Paul and Millie Riemenschneider, and the aforementioned Robert Taylors. Murray and Fay Scott drove all the way from Canton, Ohio. Hap and Ellis Bliss checked in from Navy duty in Philly. Lang and Barbara Burwell left Falmouth and the beautiful Cape for a real time.

The Paul Shaws made it from general practice in Penacook, N.H.; the Ken Kaess' from radiology in Waterbury, Conn.; the Myer Sharpes from radiology too, from Northhampton, Mass.; and the

Lew Barnes' from pediatrics in Philadelphia. Cyril Jones was there with wife Rose and their three bright children, taking time off also from Uncle Sam's Navy.

The Boston "suburbs" coughed up the Frank Kirbys from Brockton, the Jim Walls from Lynn, the Felix Heimbergs from Fitchburg, and the Seth Crockers from Milton. The Ed Wallaces were visiting in Boston, fresh from the Navy and about to tour Europe for three months before initiating pediatric practice in Meriden, Conn.

Among the stag "out-of-townners" were Don Tower who flew in from Washington, D.C. and Brick Breidenbach who flew in from Wright Field in Dayton, Ohio. The Navy fired Wally Bedell just in time for a solo trip from Poughkeepsie, N.Y. Rafe Sanchez made it from New York City, still looking very eligible. John Gilman landed from Providence in our neighboring state to the south. Fred Jaretzki left Sonie and kids in New York as did Bob Klein, Les and gang in Pittsburgh. Bill Wigglesworth rolled in unescorted from



OSCAR S. DEPRIEST, III, '54,
WITH HIS WIFE AND SON, OSCAR, IV

Ipswich. Dave Bradley arrived from Manchester, N.H. with new book manuscript. Frank Hertzog found it possible to leave a prosperous Elmira, N.Y. practice.

That leaves the host Boston contingent unaccounted for: Masao Yatsuhashi, the Arthur Trotts, the Frank Barnums, the Geb Bloms, Al Castaner, the Dav Cooks, Lou Selverstone, Chet d'Autremont, the Bob Fallons, the George Gabuzdas, the Bill Goades, the Walt Goodales, Pete Goodall, the Hunt Porters, the Bill Richardsons, the Hal Rheinlanders, the Rich Holders, the Sam McClellans, the Ed Meadows, the Jim Pattersons, the Bill Pfeffers, and us. That makes 90 in all; if I have slighted any of you, chalk it up to that last martini.

The actual festivities began with registration and a symposium on natural philosophy featuring Drs. Cobb, Joslin, Meigs, and the recent Nobel winner Fritz Lipmann. There followed, under the old circus tent (it really brought out Old Sol) in the H.M.S. quadrangle, the Medical School luncheon for all the Alumni. If there were any misgivings about the weekend, they were quickly dispelled at a very pleasant cocktail party at the Wilkins' running all the way from four until eight in the eve-

ning. For those still able, we then convened for dinner and the evening at Blinstrub's Village, South Boston. There Felix Heimberg and Frank Hertzog joined the floor show crew and easily came off with Oscars for the evening.

On Saturday an informal picnic with all the trimmings was attended by fifty-odd classmates and mates, not including a drove of younguns, at the Dav Cooks' Coolidge Hill (Cambridge) estate and the Shady Hill School grounds. Softball, tennis, beer, hotdogs, etc.—they were all there. The weather man again beamed and all was merry—until Sunday and the aching muscles (next time it will be joints). Except for local gatherings, so ended a very fine show. We are sorry more could not have joined the fun, but 1959 will bring another when, perhaps, there will be none detained by the armed services. So now let's all look to that!

Finally, the thanks of all the class go to Dav and Sheila Cook for exposing their property to the mob, and to Suzanne Wilkins, not only for playing cocktail party hostess but for her brilliant organization of the whole show.

E. WAYNE WILKINS, *Reunion Chairman*

Fifth Reunion

On Friday night, May 28, 45 members of the Class of 1949 met in the Bartlett Room of the Harvard Club. They made a happy group whose friendship had not been weakened by five years out of school. It was of interest to this historian that the 45 showed very little change physically. A few gray hairs had made their appearance, but the heavy ones were still heavy, and the thin ones thin. Historically, this particular reunion is significant in that it is the first which included female classmates. It was glamorized by the presence of five lady doctors—the first five-year results of the "great experiment."

The group became complete during cocktail hour except for Bowen who ar-

rived late as though it were a lecture. Every hand had a chance to shake every other hand. Every classmate had time to spill ashes and drink on every other classmate while finding out what he had done and what he planned to do. Then we sat down to our "\$6.50 multi-coursed, roast beef dinner." The table was big in order to seat 45, so the meal was nice and noisy since one had to shout so far.

The first speech of the dinner was that by President Bigelow who received great hand-clapping as did the other 44 speakers of the evening. In words ringing with sincerity he explained how honest and conscientious was Secretary-Treasurer Keller who then, without slides or training aids,

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managed to present in simple, terse terms the class's financial situation. It is not good. We are in the red, largely because we are the first class ever to publish a red-covered, fifth Reunion Report. We will soon be back in the blue said Keller, and there was thunderous applause. We then heard from forty-three other speakers of the Class of 1949. The next one was by Dotson whom all wanted to hear from, as he had announced he hoped that the rest of the class had been as successful as he had. He looked resplendent in a tuxedo but didn't elaborate much on his achievements. He was followed in order by Bruner, Needy, Easterday, Ganong, Tyler, Herrod, Browning, Bennett, Gabriel, Downing, Wolfe, Pitts, Rutledge, Oliver, Johnson, Hendler, Reynolds, Reardon, Keller, Walton, Bigelow, Vigneron, Puite, Bowen, Kennedy, Blanche, Lohr, Dean, Gordon, Weil, Harvey, Marshall, Burchard, Goldstein, Hume, Hickler, Eurman, Cohen, Allen, Collings, Merton, Locksley, Harris, Levy, and Giles. Offspring was the subject of much talk. Brewster Wolfe not only begat five children but he impressed us by having delivered the fourth himself. Weil sounded very H.M.S. as he described his collection of 250 cases of beryllium disease. Harvey's progress has been marked by owning successively a Renault, Austin,

and Plymouth. Claire Marshall and husband still ride bicycles. Norm Allen rose to the occasion and gave an impeccably gracious southern speech in praise of *certain* women in medicine. The certain women apparently were the five women present. It is interesting that our five lady classmates are each still involved in things medical, either full or part time. Three are psychiatrists, one is a pediatrician and one is a bacteriologist. Hal Collings was the only member of the group present who has chosen the military life. He sounds like our widest traveled classmate. Keller has an internal medicine office, right smack in Back Bay, and no doubt will become a famous professor. Only four present had so far opened offices for private practice of medicine and none for practice of surgery. Financially the group was a tragic one and such a situation would have moved an outsider to tears if he hadn't sensed the spiritual happiness and sense of accomplishment present in each.

Saturday afternoon, there was baseball, beer, and talk at the Jandl Estate.

The fifth reunion was very worthwhile and pleasant. At the tenth, we hope more classmates will be able to assemble to swap experiences and look each other over. It is great fun.

MORGAN VIGNERON, *Reunion Historian*



Inside H.M.S.

"Push-Button Internships?"

MILES F. SHORE and N. C. WEBB, JR., '54

The brave new world came to H.M.S. IV this spring. It arrived in the form of steely-fingered sorting machines that matched us to our internships and graded our National Board exams.

By shuffling a deck of 20,000 punched cards, one set of such monsters led us through a double maze of rank lists to settle in next year's internships. Another group of machines responded to magnetic pencil marks that we made on paper and recorded in its electronic Betz cells our good and bad guesses to two days of National Board questions.

Each of the jobs these machines did was important to the Class of 1954. Each was a relatively new way of dealing with the problem. Of the two, use of the machines by the National Internship Matching Program had perhaps greater effect. For only by use of machines could there possibly be a logical, nationwide program for internship appointments.

On page 38 you will find the list of internships obtained by the Class of 1954. What follows is an examination of the way machines helped us to get these particular jobs.

Although one of the machines used was developed for the Army during World War II, the mechanized procedures of the National Intern Matching Program are very different. Its military use was to assign men as quickly as possible. Quite in contrast is the Matching Program's painstaking compliance with the wishes of both students and hospitals.

Matching interns to hospitals is unlike any other job these machines do. This uniqueness has obscured the very important fact that the principles of operation of the Matching Program are not at all unique. It is merely the old system of offer and counter-offer. The negotiations that used to mark the mutual attempts of hospitals to obtain the most promising in-

terns, and interns the most promising hospitals, are now carried out by machine. The only new element in the process has been the removal of time as a limiting (and anxiety-provoking) consideration. No longer are decisions made because you dare not wait to find out whether you will get a better offer. All final internship negotiations now take place in a central clearing house in Chicago, which acts as an agent for both parties. It operates strictly according to the specific instructions submitted by hospitals and students. These instructions are in the form of rank order lists telling which hospital (or student) is first choice, etc. With anxiety gone, it is possible to explore all the secondary, tertiary, and further adjustments consequent on one man's obtaining the internship he prefers and relinquishing another.

It is useful to consider the program as a problem in pure economic theory. The procedures used provide an ideal "allocation of resources." Given the preferences of hospitals and students, the matching process ends in an optimum allocation in that no assignment may be changed without violating either a hospital or a student preference.

Before the end of January, the Fourth-year student has visited, inquired about, and shown himself to those administering the internships in which he is interested. He compiles a list of those jobs in his order of preference and this information is mailed to Chicago where it is transferred to punches in IBM (International Business Machines Corp.) cards. The hospitals' lists are also sent in and hospital preferences are punched on the same card so that there is one card carrying all the information about each application. Thus, a card will record that John Jones has applied to City General and placed it as his first choice, and that the hospital wants him third of all the people applying to it. This is all on the same card. If John has applied to ten hospitals, there are ten cards for him, each with similar information.

Then the cards are sorted to bring all applications by one student together in the student's order of preference (for John Jones, one through ten). A list is made up mechanically from the same holes that will be used in the matching, and sent back to the student to make sure there are no mistakes. Next the cards are re-sorted and a list for hospital confirmation is prepared. (Of course the hospital preference is omitted in preparing the student's confirmation, and vice versa.) After the confirmation lists have been approved by both the hospitals and the applicants, matching takes place.

There has been some mystery about the actual matching procedure. This is largely because the basic idea is so simple that no one can quite believe it. The cards are fed into the machine in such a way that the hospital jobs are "offered" to the students most wanted by the hospitals. Then the students' responses to these "offers" are made according to the preferences expressed on the students' lists. As some students are bound to get more than one offer, some hospitals get turned down by these students. When this happens, additional "offers" are made on behalf of these hospitals. The procedure is repeated until there are no further improvements possible from the point of view of the students. The number of "runs" or "re-offers" is, although finite, potentially large. So it is necessary to allow ample time for repeating this process until no new offers can be made on behalf of the hospitals. This is one of the reasons that six weeks are needed before the results can be announced from the time the first list is due in Chicago. You may recognize these as the principles of the old Boston Pool Plan.

The technical aspects of how this is done are easily worked out by anyone who has knowledge of the characteristics of the IBM machines involved. Other systems of business machines could be applied to the same problem or a machine could be specifically designed to do this and nothing else. This is true because the operations of

the Matching Program rest on a principle and various machines can be designed to follow this principle.

In practice, as is often the case, things work out a little differently than they do in principle. While neither as great as some had feared nor as slight as some of us had hoped, the divergence is an interesting one.

In the first place, some hospitals request early commitments from students. In our experience, with *very* few exceptions, students react poorly to this. In many cases they are asked to decide without having seen other hospitals in which they are interested. The reasons hospitals sometimes do this are varied. They range from sheer inability to read and understand the workings of the Matching Program to a rather sophisticated attempt to achieve variety in the qualifications and background of their group of interns. Actually, alternative means of achieving such diversity exist. Not the least of these is to improve an internship so that men the hospital wants will want that hospital. Another simple solution would be to permit a hospital service that wished to achieve diversity to separate its internship into two groups. Some jobs would be open only to men trained outside the state; the rest to those trained within the state.

The Matching Program agreement signed by both the student and the hospital specifically reserves to each the right to revise any premature agreement. The only binding indications of preference are the written lists submitted to the National Intern Matching Program. The matchings that result from final preference lists have occasionally given anxious and overbearing hospitals some surprises. For example, there have been instances of desirable internships for which a full quota of interns could not be found in the matching.

The second divergence between theory and practice is more subtle. The fact that 82% of all students in the country are matched to their first choice hospitals seems to imply that, in too many cases, stu-

dents are only applying to hospitals in which they are virtually certain they can obtain internships. Agreed, it is important for students to end up matched,—the only way they can ensure this is by including (somewhere in their list) a hospital that is very likely to accept them. But they should apply higher as well. A very sensible limitation to the number of higher hospitals to which one should apply is introduced by the time and energy that applications and interviews take in a busy Fourth Year. The Matching Program itself imposes no limits.

In this regard it may be some comfort to know that the number of students matched to first choice hospitals has dropped from 85% two years ago to 82% this spring. This seems to indicate that more men are taking flyers. The Matching Program can be evaluated in terms of various criteria depending upon one's point of view. *None* of these criteria should be whether or not one got one's first choice.

The figures on our Class show clearly how misleading the percentage of first choices is. The following pairs of figures are the rank choice to which men were matched and the percentage so matched:

Choice	Percent of H.M.S. IV
1st	36%
2nd	12%
3rd	16%
4th	10%
5th	4%
6th	4%
7th	3%
8th	1%
9th	1%
14th	1%

Examining the list of internships to which our Class was matched will make the point clear. Though our percentage of high choices was low we got very respectable internships.

Only 88% of the Class is accounted for in the figures above—what happened to the other 12%? This spring 17 of our

Class found themselves unmatched by the Matching Program. This was the largest group unmatched at any school (although N. Y. U. had about the same proportion). Many of these men aimed for straight internships in medicine. For them being unmatched was particularly unfortunate as straight medical internships are in great demand and fill up quickly.

Various explanations have been suggested—a machine blew a fuse, no one likes Harvard men, the men wanted to be unmatched, or that they had learned very little medicine. All are clearly and demonstrably false. No one reason applied to all 17 and all factors are not known. However, here are some of the facts:

<i>Number of Applications</i>	<i>Unmatched Students</i>
2	2
4	2
5	3
6	1
7	2
8	1
9	3
10 and up	1

Some of these applications were to:

Mass. Gen. Hosp.	18
Peter Bent Brigham	11
New York Hosp.	9
Boston City Hosp.	7
Grace-New Haven	7
Strong Memorial	7
Presbyterian, N. Y.	6
Univ. Hosp., Cleveland	6
Barnes Hosp., St. Louis	6

There was an unannounced change of policy by the Matching Program in that the list of unfilled internships was not published immediately. Naturally this added to the difficulties of the unmatched men. Despite confusion, all was not lost. Doctors Davidson, Cope and Emerson were able to place the men wanting such help within the day.

One further fact should be considered. The "Announcement of the Harvard Medical School" states that "at the end of each year each student may be informed whether he ranks at the top, middle, or lowest

third of his Class." This of course refers only to grades. Of equal importance to an Internship Committee are other qualities not evaluated by the grading system, for example the ability to carry out successful personal relationships. Such matters are considered in writing the School's letter of recommendation. Thus the simple statement of Class standing may not give the student an entirely satisfactory basis upon which to estimate his desirability. This makes it harder for a student to assemble a rational list of hospitals.

In short, the explanations of how 17 men came to be unmatched probably must include these facts:

1. Nearly all wanted straight medical internships in Boston.
2. Most of their applications were for very competitive internships.
3. The difficulty of estimating one's relative desirability, taking the School's letter of recommendation into account, is considerable.

The corrective for all of these is more applications, that is, deeper defenses. Next year's Class is warned and will put more effort into sizing up themselves and their applications.

Despite a few inevitable disappointments, there was a general feeling that the Matching Program did what it set out to do. Talks with graduates of former years emphasize the marked contrast with pre-mechanical scrambling for internships. The anxious bewilderment of several years ago has been replaced by a scheme which allows for calculated behaviour by all concerned.

It appears likely that our mechanical friends are here to stay.

References:

National Intern Matching Program, *Directory of Approved Hospitals Participating in the Matching Program for Internship Appointment*: 1954. Oct. 1953.
Stalnaker, John M. *The Matching Program for Intern Placement: The Second Year of Operation*. J. Med. Education, 28 (11): 13-19, Nov. 1953.

Internships, Class of 1954

Unless otherwise noted all *internships* start July 1, 1954 for one year.

<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Adler, Scott	Salt Lake County General	Rotating
Allen, David W.	Massachusetts General, Boston	Medical
Allen, Phillip M.	Christ, Cincinnati	Rotating
Alper, Milton H.	Peter Bent Brigham, Boston	Surgical
Austen, Frank K.	Massachusetts General, Boston	Medical
Ausubel, Herbert	Bellevue (II Div.), New York	Medical
Barbour, Dorothee L. (Mrs.)	Philadelphia General	Rotating
Barkley, Jaré L.	Barnes, St. Louis	Surgical
Baue, Arthur E.	Massachusetts General, Boston	Surgical
Bedingfeld, Donald E.	Rhode Island, Providence	Rotating
Block, Jerome M.	Mount Sinai, New York	Rotating
Borg, Kenneth D.	Peter Bent Brigham, Boston	Medical
Bornstein, Donald L.	Barnes, St. Louis	Medical
Bowen, John F.	U. of Utah, Salt Lake City	Medical
Boyett, James E.	Emory U., Emory University, Georgia	Surgical
Braverman, Malvin	Boston City (V Service)	Surgical
Breer, Robert D.	North Carolina Memorial, Chapel Hill	Rotating
Briehl, Robin W.	Montefiore, New York	Mixed
Briggs, Kenneth R.	Veterans Administration, Salt Lake City	Rotating
Brukardt, Diane T. (Miss)	U. of Kansas Medical Center, Kansas City	Rotating
Budil, Edward J., Jr.	Barnes, St. Louis	Surgical
Burnstine, Richard C.	Bellevue (I Div.), New York	Medical
Byrne, William R.	St. Luke's, Duluth, Minn.	Rotating
Carey, William B.	Philadelphia General	Rotating
Cattell, Richard B.	Denver General	Rotating
Cavanagh, James E., Jr.	Boston City (Boston U. Service)	Surgical
Cherrick, Gilbert R.	Boston City	Medical
Clark, Donald W.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Clason, Walton P. C.	*Hartford	Rotating
Cole, Vernon W.	Bellevue (III Div.), New York	Medical
Coley, Mary S. (Mrs.)	†Massachusetts General, Boston	Pediatrics
Collins, David L., Jr.	Massachusetts General, Boston	Surgical
Collum, Billy T.	Jefferson Davis, Houston	Rotating
Corfman, Philip A.	Boston City (V Service)	Surgical
Couch, Nathan P.	Grace-New Haven Community	Surgical
Crowe, Charles P., Jr.	Peter Bent Brigham, Boston	Surgical
Dallman, Peter R.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
deNapoli, Robert A.	North Carolina Memorial, Chapel Hill	Rotating
DePriest, Oscar S., 3d	Massachusetts General, Boston	Surgical
Draper, Franklin M., Jr.	North Carolina Memorial, Chapel Hill	Rotating
Dugdale, Marion (Miss)	North Carolina Memorial, Chapel Hill	Medical
Evans, Franklin T.	Strong Memorial-Rochester Municipal	Surgical
Garceau, Arthur J.	Peter Bent Brigham, Boston	Medical
Garretson, Henry D.	Royal Victoria, Montreal	Surgical
Gibson, James A.	Mississippi Baptist, Jackson	Rotating
Goldings, Herbert J.	Boston City (Boston U. Service)	Medical
Goldman, Charlotte R. (Mrs.)	Lowell General, Mass.	Rotating
Grantz, Charlotte (Miss)	Children's Medical Center, Boston	Pediatrics
Green, William L.	Boston City	Medical
Greenberg, Ramon M.	Boston City (Boston U. Service)	Medical
Greene, Robert J.	University Hosps., Cleveland	Surgical
Gyorgy, Tilbert R. M.	Hosp. of the U. of Pennsylvania, Philadelphia	Rotating
Haley, Edward C.	Massachusetts General, Boston	Medicine-Special
Hamilton, Lloyd A., Jr.	San Francisco, Stanford U. Service	Rotating
Hamlin, Giles B.	Mary Hitchcock Memorial, Hanover, N. H.	Rotating
Hermann, Hugh P.	Boston City (V Service)	Surgical
Hinson, Harry L.	U.S. Public Health Service, Staten Island	Rotating

Where the Class of 1954 Applied for Internships

Only five people in the Class did not apply for internships outside of Boston. The greatest majority, 103, applied to hospitals both in Boston and outside. Forty men applied only to hospitals out of Boston. The 108 men who applied to Boston made a total of 279 applications; nearly 200 of these were for straight medical internships. The four straight medical internships in Harvard Teaching Hospitals received 185 applications for 48 places. As you can see above, over half of these 48 places went to Harvard applicants.

The 148 men in the Class applied to 93 different hospitals, using 1055 applications to do so. Over one half of all the applications were for straight medical internships. About one fifth of the applications were for surgical internships.

<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Hitzrot, James M., 2d	Johns Hopkins, Baltimore	Medical (pr.wds.)
Ho, Monto	Boston City	Medical
Hobbs, Donald D.	Kansas City General No. 1, Missouri	Rotating
Holyoke, Edward D.	Johns Hopkins, Baltimore	Surgical
Hutchinson, John C.	U. of Minn. Hosp.	Rotating
Irving, Peter L.	Highland-Alameda County, Oakland, Calif.	Rotating
Jones, Robert H.	Boston City	Medical
Judd, Alvan B.	Massachusetts General, Boston	Surgical
Kahn, S. David	Bellevue (II Div.), New York	Medical
Kaplan, Manuel F.	Boston City	Medical
Karlan, Mitchell	U. of California, San Francisco	Rotating
Kass, Nanette (Miss)	Mount Sinai, New York	Rotating
Kitay, Julian I.	Grace-New Haven Community	Medical
Klatsky, Arthur L.	Boston City	Medical
Klingensmith, Walter E.	Massachusetts General, Boston	Surgical
Koch-Weser, Jan	Massachusetts General, Boston	Medical
Kornfeld, William	Bellevue (II Div.), New York	Medical
Kramer, William	Mount Sinai, New York	Surgical
Kravitz, Arthur R.	Massachusetts General, Boston	Medical
Landau, Bernard R.	Peter Bent Brigham, Boston	Medical
Landau, Edward	Boston City (Tufts Service)	Medical
Lassiter, Tally E.	North Carolina Memorial, Chapel Hill	Rotating
Lassiter, William E.	Massachusetts General, Boston	Medical
Letson, Vasilios G.	Boston City (Boston U. Service)	Medical
Levine, Milton L.	Mount Sinai, New York	Surgical
Levinsky, Norman G.	Beth Israel, Boston	Medical
Lile, Gwyn H.	Peter Bent Brigham, Boston	Medical
Loft, William H., Jr.	Los Angeles County General	Rotating
Love, Carl R.	Jefferson Davis, Houston	Rotating
Luneth, John B.	U. of Minnesota Hosps., Minneapolis	Surgical
MacDonald, Frank A., Jr.	Jefferson Davis, Houston	Rotating
Marks, James F.	Montefiore, Pittsburgh	Rotating
Martin, Donald B.	Massachusetts General, Boston	Medical
Matthews, Herbert M.	San Francisco, U. of California Service	Rotating
McPhedran, Alexander M.	Pennsylvania, Philadelphia	Rotating
Messner, Edward	San Francisco, Stanford U. Service	Rotating

<i>Name</i>	<i>Hospital (and location)</i>	<i>Service</i>
Meyer, Ernst J.	Pennsylvania, Philadelphia	Rotating
Miller, Edgar R., Jr.	Strong Memorial-Rochester Municipal	Surgical
Morton, James R.	North Carolina Memorial, Chapel Hill	Rotating
Murray, Gertrude E. (Miss)	St. Luke's, Cleveland	Rotating
Nobles, Eugene R., Jr.	Massachusetts General, Boston	Surgical
Norman, John C., Jr.	Presbyterian, New York	Surgical
Novack, Tevor D.	Beth Israel, Boston	Surgical
O'Brien, Thomas F.	Peter Bent Brigham, Boston	Medical
Ostrow, Jay D.	Johns Hopkins, Baltimore	Medical
Pearson, Howard A.	U.S. Naval, Bethesda, Md.	Rotating
Pelzel, Robert B.	Cincinnati General	Rotating
Peters, John A.	Boston City	Pathology
Pincus, Ernest S.	Duke, Durham, N. C.	Surgical
Pomeroy, Fletcher J.	Salt Lake County General	Rotating
Portman, Oscar W.	Research Fellow, Dept. of Nutrition, Harvard School of Public Health	Public Health
Poskanzer, David C.	St. Louis City (Washington U. Service)	Medical
Pothier, Lillian (Miss)	Duke, Durham, N. C.	Medical
Price, Stuart E., Jr.	Massachusetts General, Boston	Surgical
Pugh, Daniel E., 3d	Peter Bent Brigham, Boston	Surgical
Rashin, Louis N.	New England Center, Boston	Medical
Reynolds, Carmen (Miss)	Children's Medical Center, Boston	Pediatrics
Roth, Emanuel M.	Boston City	Medical
Rubin, Emanuel	Boston City (Boston U. Service)	Medical
Saidi, Farrokh	Duke, Durham, N. C.	Medical
Schiebler, Gerold L.	Massachusetts General, Boston	Pediatrics
Schneider, Franz R.	Stanford U. Hosps., San Francisco	Surgical
Seipel, John H.	Pennsylvania, Philadelphia	Rotating
Senghas, Richard E.	Cleveland City	Rotating
Ship, Arthur G.	Mount Sinai, New York	Surgical
Shore, Miles F.	U. of Illinois Research & Educational, Chicago	Rotating
Simon, Ernest R.	Boston City	Medical
Smith, Brainard S.	New York	Medical
Stallings, T. Frank, Jr.	North Carolina Memorial, Chapel Hill	Rotating
Starobin, Oscar E.	Massachusetts General, Boston	Medical
Stein, Samuel W.	Boston City	Medical
Stoler, Bruce B.	Pennsylvania, Philadelphia	Rotating
Thomas, Don F.	U.S. Naval, St. Albans, N. Y. (Long Island)	Rotating
Tucker, James C.	Roosevelt, New York	Mixed
Tuller, Martin A.	Mount Sinai, New York	Rotating
Ulrichs, Charles M.	University, Ann Arbor, Mich.	Rotating (maj.-surgery)
Umansky, Richard	Lenox Hill, New York	Rotating
Upjohn, Harold L.	Peter Bent Brigham, Boston	Surgical
Upton, James F.	Jefferson Davis, Houston	Surgical
van den Noort, Stanley	Boston City	Medical
Viele, Billy D.	U.S. Naval, Chelsea, Mass.	Rotating
Vorenberg, John	Beth Israel, Boston	Medical
Walker, Richard I.	North Carolina Memorial, Chapel Hill	Medical
Warbasse, James R.	Johns Hopkins, Baltimore	Medical
Webb, N. Conant, Jr.	Colorado General, Denver	Rotating
Wiegand, Bernard D.	Boston City	Medical
Wisio, Erich S.	U. of Minnesota Hosps., Minneapolis	Surgical
Wood, Francis C., Jr.	King County, Seattle	Rotating
Wood, J. Sumner, Jr.	Johns Hopkins, Baltimore	Pathology
Woodhouse, Robert W.	*Hartford	Rotating
Wright, Hastings K.	University Hosps., Cleveland	Surgical

* two year appointment

† January 1, 1955—December 30, 1955

S. Burt Wolbach, M.D.

1880-1954



S. Burt Wolbach, one of Harvard Medical School's most beloved as well as one of its most distinguished professors, died on March 19, 1954, in his seventy-fourth year, after a relatively brief illness, of cancer of the prostate.

In the minds of many, both his scientific achievements and his personality present a perfect synthesis of the best in the past and in the present. Sound training in morphology, guided by imaginative insight, made it possible for him to place new and fruitful interpretations upon cellular structural mechanisms. In his personality too, one was aware of that blend of conventional and liberal attitudes, an appreciation of the traditions of the past and the freedoms of the present. Thus his stature, equalled by few, resulted from that rare

integration of the austerity and vision of the scientist with the humanity and warmth of the guide and teacher. His name will be remembered with a lift of the heart and a quickening of the imagination by student, colleague and friend.

He was born in Grand Island, Nebraska, on July 3, 1880. There he spent happy boyhood days listening eagerly to tales of pioneer adventure, ranging freely with cowboys over plains where wild game was still plentiful and watching warily for the duck and prairie chicken that inhabited swamp and sagebrush. He learned to ride and shoot with skill, to observe natural phenomena with accuracy, and to enjoy the out-of-doors with the zest of a true sportsman.

In early maturity he came to New England and after two years at Lawrence Scientific School and four years at Harvard Medical School, graduated from the latter in 1903, cum laude. He served his apprenticeship in Pathology at the Boston City Hospital under two colorful personalities, William T. Councilman and Frank B. Mallory, then acted as Pathologist at the Long Island Hospital and Boston Lying-in Hospital from 1905 to 1908. His teaching association with Harvard Medical School stemmed from as early as 1905, first as Assistant, then as Instructor in Pathology. This was interrupted by a year at Albany, as Adjunct Professor of Bacteriology and Pathology at Albany, Director of Bender Hygienic Laboratory, and pathologist at two Albany hospitals, and a year in Montreal where he taught at McGill and served as pathologist to the Montreal General Hospital.

It was through Harold C. Ernst that he again became associated with Harvard.

Dr. Ernst had remembered his capabilities both as a student and as an investigator and had followed his career in Montreal with interest and therefore urged his recall to the Department of Bacteriology. This was done in 1908. Successive steps as Assistant Professor, Associate Professor, both in Bacteriology, then in Bacteriology and Pathology, led to his appointment as Shattuck Professor of Pathological Anatomy in 1922, a post that he held until his retirement in 1947.

This was followed by the assumption of a new position, that of Director of the Division of Nutritional Research at The Children's Medical Center. He spent the last seven years of his life in that capacity.

His associations with various hospitals in Boston represented very important aspects of his medical career. He was Pathologist-in-Chief at The Children's Hospital from 1915 to 1947, The Boston Lying-in Hospital from 1931 to 1939, and held a similar position at the Peter Bent Brigham Hospital from 1917 until his retirement.

He served on the Editorial Board of the Archives of Pathology from 1926—the date of its inception—until his death in 1954, and had much to do with the progression of its policies. He pointed with pride to the fact that Page 1, Volume 1 bore his name, together with that of Percy R. Howe, under the title "Intercellular Substances in Experimental Scorbutus," and he was much touched by the Journal's dedication of the first number of Volume 30 to him on his sixtieth birthday.

Other distinctions came his way—membership in the National Academy of Sciences; the Presidency (held for one year) of the American Association of Pathologists and Bacteriologists in 1936 and that of the Society for Experimental Pathology in 1937; a seat on the Atomic Energy Commission, Consultant to the Armed Forces Institute of Pathology, and many others. He was in constant demand as a lecturer and among the more important that he gave were a Harvey, a DeLamar, Howard Taylor Ricketts, and a Hektoen Lecture.

Except for those scientific papers dealing with methodology and with case studies, his major interests were divided between two distinct and almost antipodal fields, the field of vitamin research which occupied his more mature years, and the infectious diseases, to which he devoted his early efforts. It is extremely interesting that his contributions fall into two such distinct categories. His manner of approach to the underlying problems in both fields was equally dynamic, casting aside the purely superficial and exposing the fundamental fault in whatever disease process was up for scrutiny. Thus he says, in the Harvey Lecture of 1921 on Typhus and Rickettsia—" . . . in tissue reactions we find evidence for classification or the grouping of diseases and from them may sometimes predict the probable nature of the exciting agent. Our knowledge of histopathology is now sufficiently complete to warrant the formulation of a few criteria for prediction. I was almost tempted to say laws . . . but I shall say *invariable histological sequences*." Later, in 1937, when his efforts were directed to problems in the field of vitamin research, he re-emphasizes this manner of thinking by saying, ". . . for the *how* of vitamin deficiency consequences, demonstrated morphological sequences only can be offered; for the *why*, retreat to two refuges or expedients I have long employed in teaching—certain invariable histological sequences in pathology and the conviction that all pathological processes subsequent to injury recapitulate normal events of growth."

His investigations of infectious disease, extending from graduation to approximately 1922, were remarkable for the wide scope of interest manifested. The granulomatous diseases, tuberculosis, leprosy, syphilis, viral diseases such as influenza, rickettsial diseases—particularly Rocky Mountain spotted fever and Typhus, and trypanosomiasis all came in for a share of his attention and in all categories he added substantially to medical knowledge. His most important contributions, however, were made in the field of the rickettsial

diseases. He unequivocally implicated *Dermacen troxenus rickettsi* as the causative agent of Rocky Mountain spotted fever, he elucidated the role of the tick as biological transmitter, and he described the clinical and pathologic aspects of the disease. What was most important was his demonstration of the unique ability of this organism to parasitize and distend nuclei in tick tissues, thus anticipating as early as the mid-twenties, the concept of the necessity of intracellular organisms to make use of the enzymatic mechanisms of their host. His success in growing the organism in tissue culture but failure in cell-free media, led him to speculate as to the obligatory relationship between this intracellular parasite and its host-cell. He made the suggestion that rickettsia might be the missing link between bacterium-like microorganisms on the one hand and viruses on the other.

This definitive and important work on Rocky Mountain spotted fever in 1919 led naturally to his appointment, together with Palfrey and Todd, on a Commission sent by the League of Red Cross Societies to study Typhus in Poland. The report of this Commission still stands as a classic on Typhus, its etiology, pathology and clinical aspects. The Polish Government, in gratitude for these services, bestowed upon him the Order of Commander, Polonia Restituta.

His most brilliant work was done on those disorders associated with vitamin deficiency and excess. Here the various disciplines learned through the years were brought to bear upon the problems beginning to unfold. Pathological characterization of deficiency states was not enough for him. There must be understanding of the fundamental structural fault. Thus, in scurvy, what was seen by many to be lesions of multiple character, he interpreted as essentially the failure of a single process, the inability of mesenchymal cells to lay down intercellular substance. Again, in vitamin A deficiency, the basic disease

process was explained on a cellular level as loss of "specific (chemical) functions of the epitheliums concerned, while the power of growth becomes augmented," thus setting the stage for the characteristic keratinizing metaplasia of this deficiency. In addition, the nervous lesions of vitamin A deficiency were shown to be purely of mechanical origin, "the genesis of which is a disproportionate growth of the central nervous system in relation to the bone which surrounds it." Other significant additions to knowledge in this field were his interpretation of skeletal changes, in hypervitaminosis A, as acceleration of normal growth sequences and the failure of the full cycle of cytomorphosis to occur in epiphyseal cartilage in rickets. His interest in intercellular substances, stimulated not only by his work in scurvy but by his absorption in the meaning of the aging process, was productive not only insofar as his own contributions were concerned, but encouraged others to engage in the solution of related problems.

His impact upon his students, especially those of a more thoughtful nature, was profound. Some may have been irritated by the non-didactic character of his lectures, others may have been amused by his mannerisms, but few could say that his influence had not been felt. The broader aspects of Pathology, its correlation with other more basic sciences, recent developments, new techniques that would visualize cellular and molecular structure—this was the varied dish that he offered those who were willing to break bread with him. The small group of Fellows, research students and residents that surrounded him in his laboratories both at Harvard Medical School and in the hospitals with which he was affiliated, found the Socratic type of discussion that he cultivated a rewarding experience. But, his teaching was not limited to students. In spite of the humorous banter that accompanied conferences and clinics, his colleagues were always aware of the breadth and soundness of his knowl-

edge, and the searching quality of his questions.

Under his regimen the interdigitation of hospital and medical school policies was managed with wisdom and tact and without loss of integrity. Promises once made were kept. Those who worked with and under him knew this, and felt secure. There was no compromise with incompetence or dishonesty. Those who suffered from these faults had cause to wish themselves anywhere but in his presence, so great was his displeasure.

Dr. Wolbach's attitude toward the science of Pathology as opposed to its practice was clearly set forth in a talk given to the Harvard Medical School Alumni in May of 1952 on Alumni Day. He prefaced this by relating an experience that he recalled just after becoming Shattuck Professor. One colleague, Professor in a pre-clinical subject, congratulating him on his appointment, expressed his hope that the teaching of "Dead Pathology" would be discontinued, while another, a distinguished biochemist, formulated his desire that Dr. Wolbach would provide for the training of hospital pathologists. When Dr. Wolbach registered his surprise that the biochemist should rate practical pathology so highly, the biochemist replied, "Wolbach, I don't, but we need pathologists as much as we need carpenters." Dr. Wolbach goes on to say, "I am not decrying applied pathology. I regard it as a highly honorable specialty in Medicine, calling for great knowledge, courage and absolute honesty. I am concerned over the status of Pathology as a science which has become overshadowed in university circles by the practice of Pathology." "The methods of study" . . . of the science of pathology . . . "should include all disciplines available for studying the reactions of living organisms to injurious agents—morphology, biophysics and biochemistry. . . . The true anatomy of life will be created when function in terms of biochemical systems and morphology in terms of intracellular structures are brought together in demonstrable form."

His personality was colorful and vital, though encased in a shell of reserve and austerity that the uninitiated did not readily break through. Once this was broken, he was a delightful companion, genial, warm, loyal. He was no mean raconteur, selecting tales to illustrate his point with unerring skill. His room, hung with pictures of his favorite horses, gave proof of his absorption in this sport. He was never more happy than when he and his horse would hurdle a fence in perfect unison. He was a crack shot and an enthusiastic fisherman. At 200 yards he could get a woodchuck clean between the eyes, and the wildest trout did not escape him. He knew and loved all aspects of the out-of-doors—the new shoots on the spruces, the carpet of spring flowers, the song of the wood thrush, the majestic stance of the moose, the invigorating impact of the early morning dip in his beloved lake in the Canadian wilds. It was there, along the banks of the Jeannotte River and Lac Castor, that his friends knew him best. There he became a boy again and would engage in an impromptu canoe race, or chase a moose in the lake until he could smack its rump with a paddle.

There were certain incongruities and mannerisms that both puzzled and endeared him to those who knew him best; his love of "Westerns,"—this undoubtedly had its roots in his boyhood experiences; his devotion to his monocular microscope in an age when the binocular microscope was proving itself superior; his scorn of elevators (he would never hesitate, even in his later years, to climb three and four flights of stairs); his persistent mispronunciation of certain words that would at first mystify and then amuse his secretary; his rather deliberate manner of speech, prefacing his replies to questions with a clearing of the throat, and "Well, now." His traits of personality one felt almost spelled a sense of showmanship, but nevertheless were as arresting as the red carnation that adorned his lapel. And that recalls another incident. At a lecture in 1937, and again in 1947, in Building D amphi-

theatre, all of his students appeared with red carnations in their buttonholes—a measure of their esteem for him.

The knowledge of his fatal disease with its inevitable issue he accepted in a spirit of calmness and with fortitude. Normal activities, both as to work and play, were uninterrupted until the last few months of life. The unfolding of the disease process within himself was subject matter for keen observation and quiet reflection, tinged with an element of disappointment

that his diagnostic skill would not be called upon at the final postmortem. The suffering that accompanied his illness was only communicated to others on rare occasions and it was, therefore, a shock even to those who knew him best when death came, quietly, in sleep. The invariable histological sequences had gone their full cycle.

DR. CHARLOTTE L. MADDOCK

AND

DR. ARTHUR T. HERTIG, *Shattuck Professor
of Pathological Anatomy*

*The Glorious Past, the Doleful Present and the Uncertain Future of Pathology**

S. BURT WOLBACH, '03

Many years' experience in the Peter Bent Brigham amphitheatre has taught me that Merrill Sosman is a tricky person. In spite of this knowledge, I accepted his challenge to talk on a subject of his choosing. Because I lack ability to treat his subject with humor, I've decided to treat it seriously. My first move in this direction is to give you a revised title—which I believe incorporates his real intention, so I shall devote these few minutes to "Pathology, its Glorious Past, its Doleful Present and its Uncertain Future."

The Glorious Past.—Remark Sosmanian cleverness; his attempt to entice me into an historical adventure, for which I am almost totally unequipped. This thrust I'll parry.

The past of Pathology was glorious, and

*Dr. S. Burt Wolbach, Emeritus Shattuck Professor of Pathological Anatomy, died on March 19, 1954. His philosophical discourse on the practice and science of pathology here published for the first time was presented on Alumni Day, May 28, 1952, and represents his last public address.

its beginnings were made by men in no modern sense pathologists, but men with curiosity who looked with unaided eyes at what careful dissections revealed.

We shall spend little time in the self-evident glorious past of Pathology. This past was not far distant. The period of glorious achievement began toward the last half of the nineteenth century, practically coincident with the employment of the microscope. Time does not permit me even to list the names of great students of disease who through morphology alone—gross and microscopic—released medicine from the bondage of abstract philosophies that had guided thought for over two thousand years, and thus raised medicine to the dignity of a science. Unfortunately, Pathology in more modern times could not prevent the use of other philosophies—homeopathy, osteopathy, chiropractice—and I fear it will be ineffective in controlling a present holistic philosophic trend in therapeutics.

The employment of the microscope,

from Virchow's time (1850) on was like opening a new frontier, and made new discoveries a matter of daily occurrence in the continental Institutes of Pathology. Parasitology and Bacteriology became incorporated sciences and by the beginning of this century, Pathology came to be regarded as the Science of Disease—nature of disease processes and causes of disease. However, the word PATHOLOGY to most medical men suggested the morphology—gross and microscopic—of disease, and this connotation has done much harm to the science of Pathology, which I shall shortly attempt to define. But by morphological studies alone, Pathology was for many years the backbone of Medicine. By it, diseases were characterized through the classification of causation, nature of cellular and tissue responses, and the sequences involved, necessary for cure or subsidence, resulting either in restoration to normal or cicatrization. Pathology opened therapeutic procedures to scientific scrutiny, hence great saving of lives through abandonment of drastic purging and blood-letting.

The methods of Pathology, beginning with Metchnikoff led to the development of immunology. Correlation of clinical signs and symptoms with pathological findings made obvious that morphological changes in the ductless glands were causally related to disease. The histology in most instances was indicative of depressed or accelerated activity of the gland involved and hence the birth of endocrinology and the immense value of the hormonal replacement therapy of today.

But—why continue with past glories. When and how did the transition to the doleful present begin? From now on I am not able to document satisfactorily what I shall say, but I believe in my appraisal and characterization of the present status of the *Science* of Pathology as doleful. The *practice* of Pathology flourishes as never before.

The prestige of Pathology began to decline when the fields open to morphologi-

cal conquest became largely exhausted and the pioneering days were about over. Early in this century, Alonzo Taylor and Richard M. Pierce began to deprecate morphological pathology and to engage in proselyting in favor of "dynamic" or experimental pathology. They didn't do much good in spite of the excellence and soundness of their ideas because neither one, nor any of their disciples, was able to lead the way because of lack of command of additional and pertinent disciplines necessary for productive experimentation. They did, in my opinion, do considerable harm in creating the false impression in university circles throughout the country that the Pathology of that period was wholly descriptive of static states. Textbooks of Pathology, with one exception, that of W. G. Macallum, were at fault in that rarely were the morphological sequences of disease described and almost never were the unsolved problems presented. For the latter reason—like most textbooks—they were intellectually soporific in leading students to believe that our knowledge was wholly satisfactory.

Another reason was the very usefulness of the pathologist in hospital practice. He became so indispensable to surgery and to the teaching of medicine in conferences that the service functions overshadowed the rest of pathology. I often heard it said that pathology was as finished a science as anatomy. Out of deference to the ignorance of very learned professors, I usually only remind them that we still had great need of more knowledge of the pathology of most of the specialties of medicine, as is the case today with bone and joint diseases, disease of the central nervous system, and above all, diseases of the skin, still in a somewhat mediaeval state. The pathology of the genito-urinary system, owing to pathology's offspring, endocrinology, has progressed most satisfactorily.

Shortly after I became Shattuck Professor of Pathological Anatomy in 1922, one Professor of a preclinical subject came to congratulate me and to express his hopes that I would not continue to teach "Dead

Pathology." Not long afterward, another Professor, a distinguished biochemist, expressed the hope that I would provide for the training of hospital pathologists. When I expressed surprise that he rated applied pathology so highly, he replied: "Wolbach, I don't, but we need pathologists just as much as we need carpenters." I have often wondered if he lumped surgeons and carpenters together.

Remember—I am not decrying applied pathology. I regard it as a highly honorable specialty in Medicine, calling for great knowledge, courage, and absolute honesty. I am concerned over the status of Pathology as a science which has become overshadowed in university circles by the practice of Pathology.

In spite of the indispensability of Pathology, the development of laboratories in hospitals for the application of biochemical methods useful in the diagnosis and treatment of certain diseases and complication following surgery brought new expenses to hospital administration and new interests to physicians and surgeons. Thus hospital departments of Pathology tended to be kept in status quo and became more and more relegated to service functions, and when biochemistry became highly essential for medical research and deservedly received enthusiastic recruits and financial support, the low ebb began. No one in particular was to blame for the fact that—if Pathology is the science of disease—the opportunity to study disease by non-morphological methods had fallen almost wholly into the hands of clinical departments. I, as soon as I became Shattuck Professor, succeeded in reclaiming a bit of ground by equipping laboratories of chemistry in Building D for the use of a few qualified members of the department, two of them after three years of Chemistry while in the Society of Fellows.

At Harvard, as in all other University Medical Schools, the Professor of Pathology was required to take direction of one or more (as was the case at Harvard Medical School) Departments of Pathology in

teaching hospitals, regardless of the inescapable responsibilities to patients that the position entailed. In a sense, University pressure was and is felt in the teaching and practice aspects of Pathology. Research, to paraphrase the words of Theobald Smith, became an avocation of stealth.

The low ebb of the science of Pathology, whatever the causes and regardless of responsibilities, can be documented by the perusal of the papers in the publications devoted to Pathology, and consultation with the editors reveals the utter lack of merit of the many refused acceptance. I speak now for American periodicals, but on less secure premises, the same applies to other countries. The creation of the American Board of Pathology and the American College of Pathologists have also placed an overwhelming emphasis on the practice of Pathology. Through them the service functions available to non-teaching hospitals throughout the country have greatly improved and the opportunity to secure attractive incomes, by increase of salary and privilege of private practice, has increased the number of competent practitioners of Pathology, and I surmise has withheld able men from academic pathology. This is my final touch on the theme of the Doleful Present.

How about the future? The practice of Pathology is in safe hands and will continue to improve in service for an education of the clinicians with whom they become associated in the care of patients. The future here is bright—not uncertain. The immediate future of the Science of Pathology is, in my opinion, about as uncertain as the outcome of the present "cold war." We have hopes.

What do I mean by the Science of Pathology? Years ago, challenged by Theobald Smith, I defined Pathology as that branch of Biology which investigates the reactions of living things—unicellular to man—to injurious agents. Deleterious environments of all sorts are productive of pathological states and a super Darwin become pathologist would, I believe, have

a grand time in attacking problems of phylogenesi from the viewpoint of a pathologist. The scientific use of the imagination is legitimate and I get satisfaction in believing that the adaptation of marine creatures to terrestrial conditions was the result of eons of responses in myriads of survivors of non-lethal injuries.

The future of Pathology as a science to be pursued regardless of practical applications rests with our Universities and not necessarily—though advisedly—located in Medical Schools. The methods of study should include all disciplines available for studying the reactions of living organisms to injurious agents—morphology, biophysics and biochemistry. Any answer to a problem in Pathology without correlation with the morphology accompanying the information elicited by other disciplines must necessarily be incomplete.

A new frontier has been opened through advances in biochemistry—particularly enzymology—biophysics, applicable to experimental research and to the study of diseases still of obscure origin, some with striking and characteristic morphologic features. There are diseases manifest in connective tissues, bones and joints, the central nervous system, blood vessels and kidneys that can probably be solved by the integration of morphologic and biochemical information. The biologic properties of cortisone that are responsible for the amelioration of many disorders will not be understood until the morphologic sequences attending its use or withdrawal are discovered.

I could list many interesting and important problems which I believe can be solved by the use of technics now at hand and now provided for in only a very few laboratories, most of them devoted to cancer research. Chemistry, physics and morphology are now applicable to isolated cellular and nuclear structures, separable from one another by differential centrifuga-

tion after release from the cell by ultrasonic vibration.

The true anatomy of life will be created when function in terms of biochemical systems and morphology in terms of intracellular structures are brought together in demonstrable form. A beginning has been made in the case of mitochondria associated with intracellular enzymes. The cytopathologist should be encouraged by the successes of the geneticist in locating genes (responsible for the transmission of definite characteristics) within chromosomes.

I think that Pathology will contribute largely to the creation of the Anatomy of Life. The pathologist has at his command the means of physical dissection of cells and by creating specific deficiencies, the means of chemical dissection of cells. I see the possibilities of a splendid and glorious future for Pathology, both in service to Medicine and to Biology. As I have said before, the materialization of a glorious future is a responsibility of Universities.

So, Dr. Sosman, the Science of Pathology is one thing, Applied Pathology or the Practice of Pathology is another, but advances in the latter are dependent upon progress in the former. The two should be judiciously blended in teaching Pathology to medical students, and to those responsible for treatment of patients, but the burden of practice imposed upon most Professors of Pathology should not be allowed to hamper the pursuit of the science.

"A great conductor need not be a composer or even a virtuoso in any instrument in the orchestra."

I am convinced that Harvard's choice of a new Shattuck Professor, which I am certain has been made, will prove to be a great leader in the Science of Pathology. I do not know his equal for carrying on the two responsibilities of promoting progress in the Science as well as in the Practice of Pathology.

Honors

Dr. Christian B. Anfinsen, a past member of the staff of the Harvard Medical School, has recently been named a recipient of one of the Rockefeller Public Service Awards. These awards, made from funds administered as a national trust under a grant from John D. Rockefeller, III, are designed to give special recognition to outstanding public service. Thus they serve to provide an incentive for the continuance and advancement of civilians serving in governmental laboratories.

Dr. Anfinsen is at present at Bethesda, Maryland, serving as Chief of the Laboratory of Cellular Physiology and Metabolism, National Heart Institute, U. S. Public Health Service. His work there has been concerned with the nature of the homeostatic and enzymatic systems that may control the levels and species of lipo-proteins in the plasma, with particular reference to the significance of these mechanisms in the incidence and development of atherosclerosis. He has also been concerned with the mechanisms of protein synthesis.

Under the terms of the Rockefeller Award, Dr. Anfinsen plans to continue his work on protein synthesis and lipo-protein metabolism at Cambridge, England, at the National Institute for Medical Research in London and at the Carlsberg Laboratories in Copenhagen.

After receiving a Ph.D. in Chemistry from Harvard in 1943, Dr. Anfinsen successively held, during the period from 1943 to 1950, appointments as Austin Teaching Fellow in Biological Chemistry, Instructor, Associate, and Assistant Professor of Biological Chemistry at the Harvard Medical School. In 1948, he earned the distinction of becoming the first member of the staff of the Medical School to receive a Markle Fellowship.

Dr. Fred Snell, 1945, Associate in the Department of Biological Chemistry, has recently received a Lowell M. Palmer Senior Fellowship for work in the Depart-

ment of Biological Chemistry under Dr. A. Baird Hastings. This fellowship is administered by the Lowell M. Palmer Fund with the aim of providing "for the assistance of young men and women who have proved their ability as scientists and teachers at the fellowship level, but who have not yet advanced to full professorial chairs or comparable permanent positions." It is awarded for a period of one or two years, and the grant is primarily intended to provide the fellow's stipend. A portion may be applied by him to his research activities.

Dr. Snell, who joined the Faculty of Medicine in May, 1954, is particularly interested in the problems of ionic activity and ionic exchange. He has devoted special attention to the problem of sodium and potassium metabolism in cellular physiology.

Dr. Don Wayne Fawcett, 1942, Assistant Professor of Anatomy, is currently the recipient of one of the new Lederle Medical Faculty Awards. This award, established by the Lederle Laboratories Division of the American Cyanamid Company, is part of a program administered for the Company by an independent committee representing most of the pre-clinical sciences from medical schools throughout the United States. It is intended to encourage men and women who have progressed beyond the stage of development now encompassed by the post-doctorate fellowship or so-called senior fellowship in the pre-clinical sciences. It is given to candidates of faculty rank for a term not to exceed three years. The funds are to be used primarily to increase, or to create, salaries for the recipients, and part of the funds may be used to support the departmental activities of the individual concerned.

Dr. Fawcett joined the Harvard staff in 1946 as a Research Fellow in Anatomy, later becoming instructor, then Associate, in Anatomy. In 1951 he was appointed Assistant Professor of Anatomy in which capacity he has served since that time. He

was a recipient of a John and Mary R. Markle Scholarship in 1949 and is presently in the fifth year of this fellowship.

Dr. Fawcett's special field of research is microscopic anatomy. He is particularly expert in the new field of electron microscopy. With the support of his Lederle Award, he plans to expand his work in this important field, while continuing his teaching activities in the Department of Anatomy under Dr. George B. Wislocki.

The awards to Dr. Fawcett and Dr. Snell re-emphasize the steps being taken toward the solution of the problems attendant upon the provision of funds for research, as discussed in a previous issue of the BULLETIN. Of particular interest is the fact that both these awards are intended to provide, not for the "beginner" for whom the provision is made by a large number of voluntary and governmental agencies, but for the more mature scientist who, having been supported during the preliminary years of his growth, has now come into the period of greatest productivity. All too frequently in such situations, a lack

of institutional funds forces the abandonment of what might be promising academic careers. It is ironic that this dilemma is born of the happy solution to the problem of the neophyte's support. He has been allowed to whet his appetite for research, to acquire his techniques, to explore his abilities and shortcomings in an atmosphere devoid of immediate financial worry. He has not had to partition his time between research and other academic responsibilities. This partition has been wisely made for him by the terms of his fellowship. Then, at the full maturity of his intellectual endowment and enthusiasm, he is faced with the choice of abandoning the employment of his newly won experience and capacities for research or attempting to add the necessary teaching and administrative responsibilities—unhappily not equally weighted financially—of a university-sponsored position. His choice is not an easy one! Satisfactory solutions are few. It is in just this area that the Lederle Medical Faculty Awards and the Lowell M. Palmer Fellowships are providing much needed help.

Regional Activities

ROCKY MOUNTAIN

Note: Change of Date for seventh annual Harvard Lecture. It has been found expedient to advance the date from the second weekend in November as tentatively announced in the January BULLETIN to the last one in October, Friday and Saturday, the 29th and 30th of that month, for the customary Lecture, Alumni Dinner, and Clinic.

The Lecturer, Paul D. White, '14, and the title "Coronary Heart Disease" remain unchanged. The usual three events will take place at the usual times and places save that this year the Alumni Dinner in Dr. White's honor will be held at the University Club rather than at the Denver Country Club as last year.

Now, if we can lean over the back fence for a moment together. Dr. White

still has his appendix. At least he did on May 5 last according to his written avowal, and I assume he had reference to his right lower quadrant and not the back of his book. Under what other threats he threads his way through this existence, I do not know. In preparing his Lecture I hope he includes a heart-to-heart talk with Dr. Joslin. If nothing comes of this suggestion all of us out here hope he will bring his own appendix with him either within him or in the conventional container of pickle. What we do not want is to have him send it by emissary while he loafs in Boston. If he wants to come out here a few days ahead of time we have some eager surgeons willing to use prophylaxis to insure that he is properly prepared for his chore. Some of us are going to lose some sleep over this situation.

IRA DIXON, '28

Book Review

FRAZIER, CHESTER N., AND BLANK, IRVIN H.: *A Formulary for External Therapy of the Skin*. Charles C. Thomas, Springfield, Ill., U. S. A., 1954. 118 pages.

The purpose of the authors in writing this book was to put the external therapy of diseases of the skin on a simple, rational basis. The authors have fully succeeded in doing this.

Dermatologic formularies of today are, in the author's words, choked with confusing and misleading recipes of salves and lotions. The authors have selected with as much objectivity as possible from this mass of therapeutic agents those which they believe have a fair right to survive. The authors have striven to keep the formulary limited to as few preparations as possible. None is added without some reason, although in some instances the reason for choice had to be empirical, as in the case of tar and sulfur. However, basically, the book is not a catalogue of dermatologic remedies; rather it represents a treatise on the principles of topical therapy and on the mechanism of action of topical agents.

Considerable attention has been paid to the choice of the proper vehicle to carry the medications. The importance of the vehicle in bringing the active agent into suitable contact with the skin has often been overlooked in the past.

Two outstanding chapters of the book deal with the action of wet dressings and of emollients on the skin. Their effect on the water exchange through the stratum corneum is ex-

plained clearly with the aid of instructive diagrams.

The importance of avoiding overtreatment is fully stressed. Any acute inflammation of the skin requires gentle measures of therapy. In this respect cool baths or compresses with tap water are, in the authors' opinion, equal or superior to similar therapy with medicated solutions. The addition of such ingredients to the water as boric acid, potassium permanganate, aluminum acetate or sodium chloride either lacks rational or actually may cause harm by irritating the skin.

The choice of deliberate omissions in the formulary is as significant as the choice of the included agents. Among the omitted agents are calamine lotion (which contains an inert substance insoluble in its vehicle), phenol (an irritant), antihistaminics in ointments or lotions (because their worth has not been proven and they may cause allergic sensitization), and antibiotics for direct application to the skin (because internal administration represents a more effective way of giving them).

Because of its rational approach to the subject and its simplicity in presentation this book deserves wide circulation not only among dermatologists but also among physicians in general practice and medical students. The latter two groups will appreciate it particularly since it removes the veil of mystery that often appears to surround the art of topical therapy of the skin.

WALTER F. LEVER

Current Books Received

HARRY BAKWIN, M.D. AND RUTH MORRIS BAKWIN, M.D. *Clinical Management of Behavior Disorders in Children*. Illustrated. W. B. Saunders Company. 458 pages.

LAWRENCE R. BOIES, M.D. *Fundamentals of Otolaryngology*. A textbook of ear, nose and throat diseases. Illustrated. Second edition. W. B. Saunders Company. \$7.00. 487 pages.

HOWARD F. CONN, M.D., Editor. *Current Therapy, 1954*. Latest approved methods of treatment for the practicing physician. W. B. Saunders Company. \$11.00. 898 pages.

IAGO GALDSTON, M.D., Editor. *The Epidemiology of Health*. A New York Academy of Medicine book. Health Education Council. \$4.00. 177 pages.

WEBB HAYMAKER, M.D. AND BARNES

WOODHALL, M.D. *Peripheral Nerve Injuries*. Principles of diagnosis. 272 illustrations. Second edition. W. B. Saunders Company. 311 pages.

THOMAS T. MACKIE, M.D., GEORGE W. HUNTER III, Ph.D., AND C. BROOKE WORTH, M.D. *A Manual of Tropical Medicine*. 304 illustrations, 7 in color. Second edition. W. B. Saunders Company. \$12.00. 907 pages.

LOYD G. STEVENSON, M.D., Ph.D. *Nobel Prize Winners in Medicine and Physiology, 1901-1950*. Pathbreakers in 20th century science. Henry Schuman. 283 pages.

MAYO CLINIC DIET MANUAL. The second edition, compiled by the Committee on Dietetics of the Mayo Clinic. W. B. Saunders Company. \$5.50. 247 pages.

